

FILED OCT 11 1941

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
420 S. McGregor St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 420 S. McGregor
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Curtis

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 1 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 28 hr. min.

9. Birthplace Wheatland 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER { 12. Name James Byars
13. Birthplace Unknown 9 Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Cooper
15. Birthplace Unknown 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Drayton Curtis

(b) Address St. Louis Mo.

17. (a) Burial (b) Date thereof Oct 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Oct 7 1941 (b) E. J. McIndoe, M.D.
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1941 hour 2 minute 30 A M.

21. I hereby certify that I attended the deceased from Sept 24 1941 to Sept 29 1941
that I last saw her alive on Sept 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
angina pectoris
Due to _____

Due to Senility
Other conditions none 9/4/41
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature George H. Ward (M. D. or other)
Address Carthage Mo Date signed 9/30/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

41-10-825

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *John D. Batchelder*

Licensed Embalmer No. *4153*

P. O. Address *Carthage Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.