S. No. 2
—1-4-41
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PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942

Registration District No. 421

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6988

Primary Registration District No. 5576

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Danby (Rural & Danby)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Danby
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lucy M. Curtis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Chas. P. Curtis

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 1 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	9	12	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Gansner
13. Birthplace Switzerland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Baker
15. Birthplace Danby (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Daisy Cook
(b) Address Festus, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/42 (Month) (Day) (Year)
(c) Place: burial or cremation Danby, Missouri

18. (a) Signature of funeral director Fink Undertaking Co.
(b) Address 222 Main, Festus, Missouri

19. (a) 2-15-1942 (Date received local registrar) (b) J. E. Rutledge M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Total Paralysis — Duration 3 days
Due to Cerebral Hemorrhage
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. E. Rutledge (M.D. ~~coroner~~)
Address Festus, Mo. Date signed 2-14-42

(Licensed Embalmer's Statement on Reverse Side)

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~~

Eleuan Province ~~#Registered Apprentice No.~~

~~working under my personal supervision~~

Signed E Province

Licensed Embalmer No. 3403

P. O. Address Festus, Missouri

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.