DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10886
State File No.

FILED APR 10 1942
Registration District No. 3 4 7

Primary Registration District No. 4207

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Calhoun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~Henry Franklin Curtis~~.
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 9 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 042
(c) City or town Calhoun 0
(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 0

3. (a) PRINT FULL NAME Henry Franklin Curtis
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, ~~widowed~~, married, divorced married 1
6. (b) Name of husband or wife Olga Curtis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 22 (Day) 1864 (Year)

8. AGE: Years 78. Months 1 Days 6. If less than one day hr. min.

9. Birthplace Randolph (City, town, or county) Ill. (State or foreign country) 1
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name Jonathan Curtis
13. Birthplace (City, town, or county) Tenn (State or foreign country) 1
14. Maiden name Marguerite Mates
15. Birthplace (City, town, or county) Canada (State or foreign country) 1

16. (a) Informant Olga E. Curtis
(b) Address Calhoun Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 3 (Month) 3 (Day) 1942 (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director J. A. Hussey
(b) Address Calhoun Mo
19. (a) March 2, 1942 (Date received local registrar) Georgia Kitchen (Registrar's signature) G.K.

1069 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1942 hour 6 minute 0 0 M.
21. I hereby certify that I attended the deceased from Feb 28 8 A.M. 1942 to Feb 28 6 P.M. 1942
that I last saw him alive on Feb 28 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Due to uremia	
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 Dr. L. L. Rubel (M. D. or other). DO.
Address Windsor, Mo. Date signed Feb. 28/42

RECEIVED
District Health Officer No. 7,
District File Number 4242-303
Date Filed 4-7-82

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 [illegible], Registered Apprentice No. [illegible]

working under my personal supervision.

Signed J A Housey

Licensed Embalmer No. 3502

P. O. Address Calhoun Iowa

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

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

No. 2B
8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10886

Registration District No. 347 Primary Registration District No. 4207 Registrar's No.

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Calhoun
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry H. Curtis
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Jan (Month) 22 (Day) 1864 (Year)

8. AGE: Years 78 | Months 1 | Days 6 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 28
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.

	Duration
Immediate cause of death	
Due to Uremia	
Due to acute nephritis	
Due to Cardio-renal failure	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 12/10
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 Dr. L. L. Crubel (M. D. or other) DO
Address Hindson, Mo. Date signed 3/1/42

SUPPLEMENTARY

S-10886 1942