

P. S. No. 2
M-4-13-40
EV. 5-17-39
I X23159

15199

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 9 1942

Registration District No. 677

Primary Registration District No. 14403

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(c) Name of hospital or institution Rolla Hospital
(d) Length of stay: In hospital or institution 3 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81
(c) City or town Rolla 2
(d) Street No. _____
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME MARY V. 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 wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased 10 - 20 1894
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home wife

11. Industry or business _____

MOTHER FATHER { 12. Name Alex. Hays
13. Birthplace Marion Co Orn
(City, town, or county) (State or foreign country)
14. Maiden name Anna Pelikan
15. Birthplace Marion Co Orn
(City, town, or county) (State or foreign country)

16. (a) Informant P. T. Geeler
(b) Address Wesley Mo

17. (a) Burial (b) Date thereof 9-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Davis cen

18. (a) Signature of funeral director W. H. Bruchler

(b) Address St. James mo

19. (a) April 13 1942 (b) J. Ellis Bruchler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 11,
1942 to April 14, 1942
that I last saw h. e. t. alive on April 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Dissection of gall bladder (gall stones)
Due to _____
Due to 126

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Gall stones
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____
23. Signature J. Ellis Bruchler (M. D. or other) _____
Address Rolla Mo. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

81
2
2

MAY 8 1942

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 *W. E. Lickel*

Licensed Embalmer No. *1970*

P. O. Address *St James 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.