

Registration District No. 358

Primary Registration District No. 4523

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Schell City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 26 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Schell City  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Anna Elizabeth Curtis

8. (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 Charles S. Curtis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 24 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 6 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER, FATHER { 12. Name Sebastian A. Erdman  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna M. Georkey  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant F. W. Erdman  
(b) Address Schell City, Mo.  
17. (a) Burial (b) Date thereof June 2, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Schell City, Mo.

18. (a) Signature of funeral director Lute Lewis & Son  
(b) Address Schell City, Mo.  
19. (a) June 1-43 (b) Lute Lewis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st  
year 1943 hour 7:16 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 1st, 1943, to May 31st, 1943; that I last saw her alive on May 30, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature J. W. Gray (M. D. or other) \_\_\_\_\_  
Address Schell City, Mo. Date signed 6-1-43

Duration

2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 5-43-479

Date Filed 6-8-43

---

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 Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell City, 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, above space should be left blank.