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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27844

State File No.....

Registrar's No.....

FILED SEP 10 1943

Registration District No. 17

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Callaway Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Fulton  
(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 Curtis Wayne Detweiler

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased August 7 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
X X 2 hr. min.

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

10. Usual occupation Infant

11. Industry or business.....

MOTHER FATHER { 12. Name Carl R. Detweiler  
13. Birthplace Fulton Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mabel Eversmeyer  
15. Birthplace Lincoln Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Francesa Penner  
(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof Aug. 10, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Leo H. Wallace

(b) Address Fulton, Missouri

19. (a) 8-10-1943 (b) Josie M. Moseley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9  
year 1948 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from August 7, 1943, to August 9, 1943  
that I last saw the deceased alive on August 9, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Intra cranial hemorrhage 1 Day

Due to Birth

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)  
(e) Means of injury.....

23. Signature Lloyd E. Hutchins (M, D, or other) D.O.  
Address Fulton, Mo Date signed 8/10/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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.....

*Leo G Wallace*

Licensed Embalmer No.....

*3373*

P. O. Address.....

*Fulton 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.**