

36065

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 12 1943
Registration District No. 377.

Primary Registration District No. 6283

Registrar's No. 3.

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Hartville Rural Elk Creek
(c) Name of hospital or institution: at his home
9 miles north of Hartville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 32 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
(c) City or town Hartville Rural
(d) Street No. 9 miles north of Hartville
(e) If foreign born, how long in U. S. A. Born in U.S.A. years.

3. (a) PRINT FULL NAME SAMUEL COLMAN CURTIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Agnes Curtis 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 17 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>8</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Madison Curtis

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

14. Maiden name Nancy Coday

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

16. (a) Informant's own signature Mrs. Agnes Curtis

(b) Address Hartville Mo.

17. (a) Burial (b) Date thereof 9 30 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cope Cem.

18. (a) Signature of funeral director Gene E. Halder

(b) Address Hartville Mo.

19. (a) Oct 10 - 43 (b) Foster Rutrell L.R.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 28
year 43 hour 11:00 minute A.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 Care; noma - of
Prostate.

Due to _____
Due to _____

Other conditions 51P
(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) (a) Means of injury _____

23. Signature W F Gehring (M. D. or other) _____
Address _____ Date signed 9/10/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 6-17-39
1-11-41

RECEIVED

District Health Officer No. 6,

District File Number 1143-1214

Date Filed NOV 10 1963

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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville 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.