

V. S. No. 2
 100M-5-43
 Rev. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

6011

State File No. _____

FILED FEB 24 1944

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 738

1. PLACE OF DEATH:
 (a) County JACSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 2603-LAWN AVENUE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 42 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MR MELVIN ELMER CURTIS
 3. (b) If veteran, name war No
 3. (c) Social Security No. NONE

4. Sex MALE
 5. Color or race of WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MRS. LAUNA M. CURTIS
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased JANUARY 20- 1945
 (Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 27 3 If less than one day hr. min.

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

10. Usual occupation BARBER

11. Industry or business RETIRED - 5 YEARS

12. Name R. C. CURTIS

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

14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. LAUNA M. CURTIS

(b) Address 2603 LAWN AVENUE

17. (a) BURIAL (b) Date thereof FEB 16 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-15-44 (b) N. E. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSONS
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2603-LAWN AVENUE
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 13TH
 year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11/24/43, 19, to 2/13/44, 19, that I last saw him alive on 2/13/44, 19, and that death occurred on the date and hour stated above.

Immediate cause of death Acute pneumonia (Pulmonary) -

Due to Prostetic valvulopathy & melanosis (Bony) & probably pulmonary

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

Major findings: none done

Of autopsy none done 5/15

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 D. H. Newcomer's Sons (M. D. or other)
 Address 4800 E 24TH S Date signed 2/14/44

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

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

4800 East 24th Street

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.....

H. C. Newcomer Jr.

Licensed Embalmer No. *7043*

P. O. Address *H. C. Newcomer Jr.*

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.