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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1944

Registration District No. 7-3

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5370

State File No. 10840

Registrar's No. 33

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Rural Union Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: on Highway No. 6, 1/4 Miles East Gallatin Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) few Minutes
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town "Rural" Grand River Twp. (If outside city or town limits, write "RURAL")
(d) Street No. 1 Mile South Jameson, Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Eugene Curtis
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased October (Month) 29 (Day) 1943 (Year)
8. AGE: Years | Months 4 | Days 24 | If less than one day hr. min.
9. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None (Infant)
11. Industry or business
MOTHER FATHER
12. Name Orville Curtis
13. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Emma Pearl Sears
15. Birthplace Izard County (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Orville Curtis
(b) Address Gallatin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-1944 (Month) (Day) (Year)
(c) Place: burial or cremation McCrary Cemetery
18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Mo.
19. (a) 3-24-1944 (Date received local registrar) (b) L. O. Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1944 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from Mar. 10, 1944 to Mar. 12, 1944 that I last saw him alive on Mar 12, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. R. Dodson (M. D.)
Address Gallatin Mo. Date signed 3-28-44

1084

(Licensed Embalmer's Statement on Reverse Side)

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 L. O. Pickerson

Licensed Embalmer No. 3302

P. O. Address Fallatin M

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.