DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Freeman

State File No. 10970

Primary Registration District No. 2000

Registrar's No. 289

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
513 E. Monroe
(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)
In this community: 3 Years

2. USUAL RESIDENCE OF DECEASED: 39

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 513 E. Monroe
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No): No
If yes, name country: .....

3. (a) PRINT FULL NAME: Nancy O. Curtis

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Jesse M. Curtis

6. (c) Age of husband or wife if alive: Dec. years

7. Birth date of deceased: January (Month) 25 (Day) 1857 (Year)

8. AGE: Years 87 Months 2 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace: Pulaski County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Home

11. Industry or business: .....

MOTHER FATHER

12. Name: Samuel Yarbrough

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

14. Maiden name: Sallie Howard

15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Charles B. Curtis

(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 31, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Richland, Mo.

18. (a) Signature of funeral director: H.H. Lonmeyer

(b) Address: Springfield, Mo.

19. (a) 3-31-44 (Date received local registrar) (b) W. E. Hardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1944 hour 7:00 minute p. M.

21. I hereby certify that I attended the deceased from 3/25, 1944, to 3/30, 1944, that I last saw him alive on 3/27, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days

Due to: .....

Due to: Hypertension

Other conditions (Include pregnancy within 3 months of death): Senility

Major findings:
Of operations: .....
Of autopsy: No

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: D. F. Freeman (M. D. or other)

Address: Springfield Date signed: 3/31/44

984

(Licensed Embalmer's Statement on Reverse Side)

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

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 Walter E. Hamelar

Licensed Embalmer No. 3858

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above. X This Body Not Embalmed