DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1944

Registration District No. 1949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20548

Registrar's No. 2388

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 4006 Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether)

In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 4006 Main
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country n

3. (a) PRINT FULL NAME MRS. MOLLIE SAGE CURTIN

3. (b) If veteran, name war XX

3. (c) Social Security No. No

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Robt. F. Curtin

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

7. Birth date of deceased August (Month) 26 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	9	8	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Redmond Sage
13. Birthplace No Record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Catherine Carey
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Louise Curtin

(b) Address 4006 Main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 6-5-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 4
year 1944 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from June 4, 1944 to June 4, 1944; that I last saw her alive on June 4, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to unknown	
Due to unknown	
Other conditions no (Include pregnancy within 3 months of death) 94a.	

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 Harold A. Pallett (M. D. or other) M.D.

Address 1132 Prof. Bldg. Kansas Date signed 6/5/44

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(Licensed Embalmer's Statement on Reverse Side)

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

Jl. 1946

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 Alvin R. Hanneschl

Licensed Embalmer No. 4159

P. O. Address Kansas City M

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.