

No. 2
-3-
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22254

FILED JUL 6 1944
Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 81

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

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 85 yr. years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps
(c) City or town Rolla
(d) Street No. 100 S. Rolla St.
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Mahala Curtis
3. (b) If veteran, name war —
3. (c) Social Security No. —

20. DATE OF DEATH: Month JUNE day 21
year 1944 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from 6-20-44
to 6-21-44, 1944, to 6/21/44, 19—;
that I last saw her alive on 6/21/44, 19—;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased: June 18 1857
(Month) (Day) (Year)

Immediate cause of death: Circulatory Collapse
Due to Arterial and Serebral degeneration
Due to —
Other conditions: —
(Include pregnancy within 3 months of death)

8. AGE: Years 87 Months — Days 3 If less than one day hr. min.
9. Birthplace Stark Co Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Homemaker

Major findings:
Of operations —
Of autopsy —
ADDITIONAL SUPPLEMENTARY INFORMATION

11. Industry or business —
12. Name Thomas Grant
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace —
(City, town, or county) (State or foreign country)

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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work — Means of injury —
23. Signature Wm. Dykes (M. D. or other) —
Address Rolla Mo Date signed 6/21/44

16. (a) Informant Mrs. Wm. Dykes
(b) Address Rolla, Mo
17. (a) Burial (b) Date thereof June 23-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rhea Cemetery
18. (a) Signature of funeral director Alfred Smith
(b) Address Rolla Mo
19. (a) 6/20/1944 (b) Wm. Walker
(Date received local registrar) (Registrar's signature)

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 *Jas. E. Holloway*

Licensed Embalmer No. *3510*

P. O. Address. *Cuba, 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, fact should be so stated above.

Registration District No. 275 Primary Registration District No. 3053

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

3. (a) PRINT FULL NAME Mahala Curtis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 18 (Month) (Day) (Year)
8. AGE: Years 87 Months - Days - If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular
collar
Due to ischemic & senile degenerative
chronic hypertension
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) (If) Means of injury _____
23. Signature _____ (M. D. or other)
Address _____ Date signed _____

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

SUPPLEMENTARY

22254