

FILED AUG 14 1944

Registration District No. 13

Primary Registration District No. 3028

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days)

In this community 59 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route 4, Carthage
(If rural, give location)

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

If yes, name country: - - -

3. (a) PRINT FULL NAME Henry Cromwell Curtis

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lina Nichols-Curtis

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

7. Birth date of deceased March 15 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	4	10	hr. _____ min.

9. Birthplace Cass County Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

12. Name Riley Curtis

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

14. Maiden name Catherine E. Hays

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

16. (a) Informant Duane Powell

(b) Address Dowagiac, Michigan

17. (a) Removal (b) Date thereof 7/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cassopolis, Mich.

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) July 27, 1944 (b) E. Elizabeth Couplin
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1944 hour 11:05 minute am.

21. I hereby certify that I attended the deceased from Jan 1939 to July 25 1944
that I last saw him alive on July 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Caecum

Duration 6 mo

Due to _____

Due to _____

Other conditions H62
(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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature A. R. ... (D. or other) mo.
Address Carthage, Mo. Date signed 7-25-44

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

49

1203

44-7-60P

OCT 9 1944

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..... *Emmal Kuel*

Licensed Embalmer No. *391*

P. O. Address..... *Carthage*

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.