

FILED AUG 23 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3284

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:
2621 Linwood Blvd!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 50 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")
(d) Street No. 2621 Linwood Blvd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MR. ZELORA OTTO CURTIS

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Miss Olive C. Curtis 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 6 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August Day 9th
year 1944 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug 6, 1944, to Aug 9, 1944
that I last saw him alive on Aug 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Crown Arteriosclerosis 4 das
Duration

8. AGE: Years Months Days If less than one day
69 1 3 hr. min.

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

10. Usual occupation Clerk

11. Industry or business Post Office

MOTHER FATHER
12. Name Chancel Curtis
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace near Ia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Seales

(b) Address 3524 Belmont Ave

17. (a) Burial (b) Date thereof Aug 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulvey Cem. Wash. Mo.

18. (a) Signature of funeral director D. E. Brown

(b) Address 1401 B. Wash. Creek Blvd.

19. (a) 8-10-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 Henry H. Jones (M. D. or other)

Address Kansas City Mo Date signed 8/11/44

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

210848 - Dr Harry Jones
1107 Bryant Bldg

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K.C. 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.