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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27253

State File No. _____
Registrar's No. 887

FILED SEP 12 1944
Registration District No. 1000

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: ST. JOSEPH, MISSOURI
(c) Name of hospital or institution: ST. JOSEPH HOSPITAL
(d) Length of stay: In hospital or institution: 7 DAYS
In this community: 7 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: CLINTON
(c) City or town: CAMERON
(d) Street No.: 109 WEST 3RD ST.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: ANNA CURTIS
3. (b) If veteran, name war: _____
3. (c) Social Security No.: _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Sept, day: 30, year: 1944, hour: 12:50, minute: 0, M.
21. I hereby certify that I attended the deceased from Aug 31 1944 to Sept 3 1944
that I last saw him alive on Sept 2 1944
and that death occurred on the date and hour stated above.

4. Sex: female
5. Color or race: White
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife if alive: 3 years
7. Birth date of deceased: July 3 1883

Immediate cause of death: Intestinal Obstruction
Due to: Intestinal adhesions
Due to: Previous operation
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

8. AGE: Years: 61, Months: 2, Days: 0
9. Birthplace: De Kalb Co. Missouri
10. Usual occupation: House Keeping

PHYSICIAN: 12282
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
11. Industry or business: _____
12. Name: JACKSON CURTIS
13. Birthplace: Missouri
14. Maiden name: ELIZABETH SMART
15. Birthplace: Missouri
16. (a) Informant: Lillie M. Curtis
(b) Address: 709 WEST 3RD ST, CAMERON MO.
17. (a) Removal: _____ (b) Date thereof: SEPT 4 1944
(c) Place: burial or cremation: EVERGREEN C. OGDEN MO.
18. (a) Signature of funeral director: _____
(b) Address: _____
19. (a) Date received local registrar: 9/4/44 (b) Registrar's signature: _____

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? _____ (Specify type of place)
(e) Means of injury: _____
23. Signature: _____ (M. D. or other)
Address: _____ Date signed: 9/3/44

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.....

F. G. Lyons
.....
Licensed Embalmer No. *952*

P. O. Address: *Stewartville, 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.