

S. No. 2
DM-5-43
v. 5-17-39
No. 1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31117
Registrar's No. 432

FILED SEP 25 1944
Registration District No. 57

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1502 Moffet Avenue
(If not in hospital or institution, write street number or location) 1

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

In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 1
(If outside city or town limits, write "RURAL") 5

(d) Street No. 1502 Moffet
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Henry Curtis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
Year 1944 hour 3 minute 30 P.M.

4. Sex male 5. Color or race Negro

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 September 4, 1859
(Month) (Day) (Year)

I hereby certify that I attended the deceased from Sept 1, 1944, to Sept 4, 1944
that I last saw him live on Sept 4, 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>0</u>	<u>0</u>	_____ hr. _____ min.

Immense cause of death Coronary Arteriosclerosis 7 day
Duration

Due to _____

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

Due to _____

Other conditions (Include pregnancy within 3 months of death) gza!

10. Usual occupation Baptist Minister

11. Industry or business _____

12. Name Joel Curtis

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

14. Maiden name Axey Anderson

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

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Louise Martin

(b) Address 1502 Moffet, Joplin, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/9/44
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

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? _____

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 9-9-44 (Date received local registrar)

(b) Geitman (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 9-5-44

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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. M. Jones

Licensed Embalmer No. 2379

P. O. Address Joplin 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.