

FILED JAN 9 1945

Primary Registration District No. **1000**

Registrar's No. **1340**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **Saint Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **two weeks**
(Specify whether
In this community **Most of her life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Buchanan 11
(a) State (b) County
(c) City or town **Saint Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **708 1/2 South 6th Street**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Mrs. IDA VERA CURTICE**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **April 7, 1903**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 8 18 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Charles Legg**
13. Birthplace **Unknown Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Ada Leach**
15. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Retell Wilmes**
(b) Address **918 Lafayette Street**

17. (a) **Burial** (b) Date thereof **Dec. 28, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Auburn Cemetery**

18. (a) Signature of funeral director **Mrs. E. S. IDENFADEN**
(b) Address **602 South 10th Street**

19. (a) **12-27-44** (b) **Ida Vera Curtice**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **26**
year **44** hour **3** minute **45** M.
21. I hereby certify that I attended the deceased from **Dec 15**
1944 to **Dec 26** 19**44**
that I last saw her alive on **Dec 26** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration

Due to **Influenza**

Due to **93**

Other conditions **Chronic myocarditis**
(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?

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

23. Signature **Ida Vera Curtice** (M. D. or other)
Address **10th Street** Date signed **Dec 26 44**

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

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 *Mollie E. Sidenfaden Fox*
Licensed Embalmer No. *04235*
P. O. Address: *St. Joseph, 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.