

S. No. 2  
M-5-42  
7-5-17-39  
D-1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 25 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2190**  
Registrar's No. **14**

Registration District No. **128** Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. John's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **26 days** (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1016 E. Walnut** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Jeanette Curtis**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Arthur M. Curtis** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **September 13, 1886**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **3** Days **22** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **In Home**

12. Name **E. C. Steele**

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

14. Maiden name **Elizabeth Austin**

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

16. (a) Informant **Arthur M. Curtis**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **1 / 7 / 45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hartville, Missouri**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **5**, year **1945** hour **12:01** minute **AM**

21. I hereby certify that I attended the deceased from **November 11<sup>th</sup> 1944** to **Jan 5 1945**

that I last saw him alive on **Jan 4 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture neck of Sept femur** Duration **11/17/44**

Due to **Paralysis Agitans 10 years**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **186 a** Of autopsy **18** PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically. **13**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accidental fall**

(b) Date of occurrence **about Oct 16<sup>th</sup> - 45**

(c) Where did injury occur? **Springfield Exam MO**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **in home**  
(Specify type of place) (e) Means of injury **fall**

23. Signature **George Dayblom** (M. D. or other) Address **Springfield MO** Date signed **1-8-45**

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

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APR 23 1953

MAR 29 1950

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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.....

*Chester A. Roof*

Licensed Embalmer No.....

*3044*

P.O. Address.....

*Springfield 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.**