. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16728

Registration District No. 98

Primary Registration District No. 5370

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Daviess

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

(c) Name of hospital or institution: ½ Mile South Gallatin, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town "Rural" Union Township
(If outside city or town limits, write "RURAL")

(d) Street No. ½ Mile South Gallatin, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

31

3. (a) PRINT FULL NAME Joseph Hedger Curtis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Curtis

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December (Month) 27 (Day) 1873 (Year)

8. AGE: Years 71 Months 3 Days 18 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business General Farming

FATHER
12. Name George H. Curtis
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Sarah Ann Nickerson
15. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mrs. Mary E. Curtis
(b) Address Gallatin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-1945 (Month) (Day) (Year)
(c) Place: burial or cremation McCrary Cemetery

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri

19. (a) 4-23-1945 (Date received local registrar) (b) L. O. Nickesson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1945 hour 1;15 minute A. M.

21. I hereby certify that I attended the deceased from Jan ....., 1940, to April 12, 1945
that I last saw him alive on April 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hyper tensive Cardio vascular renal disease — Duration 3 yrs.

Due to Chronic nephritis, arterial Sclerosis, Hyper thyroidism

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

131

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 H W Bailey DD (M.D. or other)
Address Gallatin Mo. Date signed 4/18/45

1084

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 11,
District File Number .....
Date Filed .....

Signed L. O. Richeson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.