

S. No. 2  
DOM-2.43  
v. 5-17-39  
X35627

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# FILED AUG 20 1945 STANDARD CERTIFICATE OF DEATH

State File No. **28647**

Registration District No. **331**

Primary Registration District No. **6113**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County **Scott**

(b) City or town **Rural Sandywoods Moreland**  
(If outside city or town limits, write "RURAL" and name of town)

(c) Name of hospital or institution:  
**5 Miles east Benton**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **15 years**  
(Specify whether years, months or days)

In this community **15 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**

(b) County **Scott**

(c) City or town **Benton Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

If yes, name country **X**

3. (a) PRINT FULL NAME **Comodore Curtis**

3. (b) If veteran, name war **Spanish American**

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male**

5. Color or race **White**

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: **March 12 1879**  
(Month) (Day) (Year)

8. AGE:

|           |           |           |                      |
|-----------|-----------|-----------|----------------------|
| Years     | Months    | Days      | If less than one day |
| <b>66</b> | <b>09</b> | <b>43</b> | <b>25</b>            |
| hr.       | min.      |           |                      |

9. Birthplace: **Kentucky**  
(City, town or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business: **Unknown**

12. Name: **Unknown**

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

14. Maiden name: **Unknown**

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

16. Informant: **Marian Curtis**  
Address: **Benton, Missouri**

17. (a) **Burial**  
(Burial, cremation, or removal)

(b) Date thereof: **July 16/45**  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director: **Taylor Funeral Home**

(b) Address: **Sikeston, Mo.**

19. (a) **July 20 1945**  
(Date received local registrar)

(b) **Dona Jumenter**  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14** year **1945** hour **One** minute **A.M.**

21. I hereby certify that I attended the deceased from **July 14 1945** to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death: **Burns**

Due to: **House Burning**

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

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **18-1**

Of operations: \_\_\_\_\_

Of autopsy: **10**

Duration \_\_\_\_\_

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): **Accident**

(b) Date of occurrence: **7-14-45**

(c) Where did injury occur?: **BENTON Scott Mo.**  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ (e) Means of injury: \_\_\_\_\_

23. Signature: **Opille Taylor** CORONER  
Address: **Sikeston, Mo.** Date signed: **7-16-45**

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

MOTHER FATHER

*low by off*  
*23-10-45*

1128

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 845-1060

Date Filed 8-8-45

DEC 6 1945

DEC - 5 1945

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.

*Body Not Embalmed*  
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri  
County of St. Louis ) ss.

State File No. 28647-  
Local Registrar's No. 2

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28 day of November, 1945, before me appears  
Mrs. Dorothea C. Coen, who, upon her oath, states that the original record of ~~birth~~ death  
for Commodore Curtis died July 14, 1945, in the State of  
Missouri, and which was filed at Jefferson City, Mo. on July 20, 1945, should be corrected as follows:

- Item No. 7 should read March 12, 1879  
Instead of March 12, 1876
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
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Instead of \_\_\_\_\_
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Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Dorothea Coen Daughter  
Relationship  
4203 Ravenwood Ave., Pine Lawn  
Present Address. (20) Mo.

Subscribed and sworn to before me this 28 day of November, 1945

My Commission expires January 23, 1948 James S. Cook Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-28647

DEC 6 1945

DEC - 5 1945