

FILED MAR 18 1946

Registration District No.

Primary Registration District No. **3000**

Registrar's No. **51**

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Kirksville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Grim-Smith Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Six Weeks**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Macon**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **West of La Plata Mo**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Alva David Curtis**

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

4. Sex **male** (1) 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 (Day) (Year)

7. Birth date of deceased **October 14 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 21 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **David Curtis**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Rutherford**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Winford Magers**
(b) Address **Lacrosse Mo**

17. (a) **Burial** (b) Date thereof **Feb 6 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shumaker**

18. (a) Signature of funeral director **M. McCallum**

(b) Address **South Gifford MO**

19. (a) **2-12-46** (b) **Kate Lambert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **4**
year **1946** hour **6** minute **50** A.M.

21. I hereby certify that I attended the deceased from **June 10**
1941, to **Jan 17** 1946;
that I last saw him alive on **Jan 17** 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death **Metastatic carcinoma to hip & probably lungs**
Duration **6 months**

Due to **Primary adenocarcinoma of prostate gland since June 1941**
Due to

Other conditions (Include pregnancy within 3 months of death) **5/5**

Major findings: Of operations **Adenocarcinoma of prostate 1941**
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? **0**

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **George E. Horn** (M. D. or other) **MD**
Address **Kirksville, Missouri** Date signed **2-11-46**

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

RECEIVED

District Health Officer No. 16

District File Number 3-43-496

Date Filed MAR 15 1946

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 W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.