. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

18785

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19909

Registration District No. 107 Primary Registration District No. 30Tg. 542 2 Registrar's No. 133

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Goblar Independence [redacted]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Goblar
(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 .....

3. (a) PRINT FULL NAME John Franklen Curtis

3. (b) If veteran, name war .....

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

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased 5 (Month) 30 (Day) 46 (Year)

8. AGE: Years | Months | Days | If less than one day 5 hr. ✓ min.

9. Birthplace Goblar (City, town, or county) Mo (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Meltin Curtis
13. Birthplace Unknown [redacted] (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name Ruth Stover
15. Birthplace Braggadocio (City, town, or county) Mo (State or foreign country)

16. (a) Informant Meltin Curtis
(b) Address Goblar Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 30 (Day) 46 (Year)
(c) Place: burial or cremation Goblar Mo

18. (a) Signature of funeral director Trimble
(b) Address Goblar Mo

19. (a) 6-3-1946 (Date received local registrar) (b) Earl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30 year 1946 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from 1:30 A.M. May 30, 1946 to 3:00 A.M. 5/30, 1946; that I last saw him alive on 5-30, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malnutrition and inability to take nurishment	10 hrs.
Due to Premature birth approximately seven months fetus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 159	

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 Allan H. Christiansen M. D. or other D.O.

Address Kennett, Mo. Date signed 5-30-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 646-753
Date Filed 6-18-46

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.....

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.