

FILED MAY 5 1947

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16056

Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. B 23
(b) Township Elmwood Primary Registration District No. 6089 Registered No. 58 91
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Colville Curtius

(a) Residence, No. Saline Co. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian B. Curtius

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-25-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 1 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 4FATHER 13. NAME Henry Mungall14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 4MOTHER 15. MAIDEN NAME Ellen Cadie16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 417. INFORMANT (ADDRESS) Mrs. J. Rues
Blackburn Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Blackburn DATE 4-2-194719. FUNERAL DIRECTOR (ADDRESS) L. H. Meinershagen
Blackburn Mo20. FILED 477 19 47 Dolly Andrew
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1st 194722. I HEREBY CERTIFY, That I attended deceased from 15 Feb 1947 to 1 Apr 1947I last saw h. e. alive on 29 March 1947 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

myocarditic, chronic Date of onset ?Other contributory causes of importance: arteriosclerosis, generalized ?

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Douglas Kelling, M. D.(Address) Waverly, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVE BINDING

V. S. N. 1 X12064

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37

RECEIVED

Health Order No. 4,

District File Number

Date filed

5-2-47

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed *Roy F. Wilger*

Higginbotham No 2883
Licensed Embalmer No. *2883*

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.)