

S. No. 2
4-8-43
5-17-39
K37823

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

FILED JUL 24 1947
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24971

Registration District No. 264 Primary Registration District No. 5-8-9-1-4395 State File No. 24 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Gainesville
(c) Name of hospital or institution: J
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ozark
(c) City or town Gainesville
(If outside city or town limits, write "RURAL")
(d) Street No. 310
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country USA

3. (a) PRINT FULL NAME Glenda Sue Curtis
(b) If veteran, name war --
(c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 13
year 1947 hour --- minute --- M.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years

21. I hereby certify that I attended the deceased from ---, 19---, to ---, 19---;
that I last saw him --- alive on ---, 19---;
and that death occurred on the date and hour stated above.

7. Birth date of deceased March 11 1946
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
1 3 2 hr. min.

Immediate cause of death Crushing skull fracture Duration ---
Death instantaneous
Due to Run over by loaded truck
Due to ---

9. Birthplace Big Flat Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation infant

Other conditions ---
(Include pregnancy within 3 months of death)
Major findings: 1900-8
21

11. Industry or business ---
12. Name Roy Curtis
13. Birthplace Big Flat Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Mabel Downs
15. Birthplace Big Flat, Ark.
(City, town, or county) (State or foreign country)

Physician ---
Underline the cause to which death should be charged statistically.

16. (a) Informant Dr. P. L. Hoerman
(b) Address Gainesville, Mo.
17. (a) B (b) Date thereof 6-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Big Flat, Ark.
18. (a) Signature of funeral director Clinkingbeard Fun. Home
(b) Address Gainesville, Mo.
19. (a) June 14, 1947 (b) Samela Trump
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence June 13, 1947
(c) Where did injury occur Gainesville Ozark, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Byout saw mill
Which at work? --- (Specify type of place)
(e) Means of injury ---
23. Signature Dr. P. L. Hoerman
Address Gainesville, Mo. Date signed 6-13-47

RECEIVED

District Health Officer No. 6;

District File Number 747-738

Date Filed JUN 21 1947

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.B. Hutchins

Licensed Embalmer No. 3431

P. O. Address Gainesville, 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.