

No. 2
2-45
17-39
X47070

FILED MAR 29 1948
Registration District No. **5**

Primary Registration District No. **3015**

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

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Cor. 5 x Chestnut Sts. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Sarah Daisy Curtis

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife W.H. Curtis

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased June 29 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 16
If less than one day hr. min.

9. Birthplace Cameron MO.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name James H. Leach

13. Birthplace Brometown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mildred F. Fowler

15. Birthplace Salisbury MO
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Graham

(b) Address Cameron MO

17. (a) Burial (b) Date thereof Wed. Mar 17 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paypaid

18. (a) Signature of funeral director Blanchard

(b) Address Cameron

19. (a) 3-17-48 (b) Winifred W. Moser
(Date received local registrar) (Registrar's signature) 300

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clinton 25

(c) City or town Cameron
(If outside city or town limits, write "RURAL")

(d) Street No. Cor. 5 x Chestnut Sts. 1
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1948 hour 7:45 minute AM

21. I hereby certify that I attended the deceased from 11 Mar
1948 to 14 Mar, 1948
that I last saw her alive on 14 Mar, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cholecystitis
Chronic cholecystitis
with cholelithiasis

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations 26

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?

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

23. Signature Charles Kines (M. D. or other)

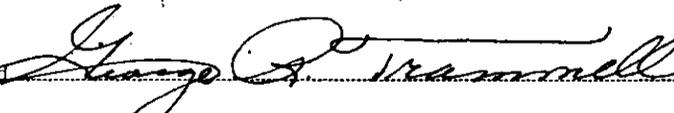
Address Cameron, Mo. Date signed 3-16-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.