

FILED APR 1 1948
Registration District No. **1948**

Primary Registration District No. **5570**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution **Residence, RFD 2, Independence, Mo.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **25 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **RFD 2**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MRS. PEARL MAY CURTIS**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **none**

4. Sex **female**

5. Color or race **white**

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

6. (b) Name of husband or wife **Elmer M. Curtis**

6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **Sept. 16, 1898**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	5	20	hr. _____ min.

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

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **J. W. Downes**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy May Harmon**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. M. Curtis**

(b) Address **RFD 2, Independence, Mo.**

17. (a) **burial** (b) Date thereof **3/9/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cemetery**

18. (a) Signature of funeral director **E. B. Brown**

(b) Address **Independence, Mo.**

19. (a) **3-9-48** (b) **J. M. Keppert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6**
year **1948** hour **3:15** minute **P** M.

21. I hereby certify that I attended the deceased from **March 3** 19 **48** to **March 6** 19 **48**
that I last saw **her** alive on **March 6** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis**

Due to **Hypertension**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 **2**

23. Signature **J. W. Higgins** (M.-D. or other) **Dr.**

Address **Bushnell Mo.** Date signed **3/9/48**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

18
4

48
2
4
2

MOTHER FATHER

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 _____

Donald W. Hanks

Registered Apprentice No. *425*

working under my personal supervision.

Signed _____

Lloyd C. Carson

Licensed Embalmer No. *4199*

P. O. Address *Indep. S.W.*

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.