

No. 200  
10-48

# STANDARD CERTIFICATE OF DEATH

State File No. **43285**

FILED JAN 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **480**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City (Rural Blue)</b>	
c. LENGTH OF STAY (in this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>822 Ash St. 1000/1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sanitarium</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) <b>EDITH RUTH CURTIS</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec. 19, 1953</b>	
a. (First)		b. (Middle)	
c. (Last)			
<b>5. SEX</b> <b>female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 16, 1899</b>
9. AGE (in years last birthday) <b>54</b>		10. MONTHS <b>5</b> 11. DAYS <b>10</b> 12. HOURS <b>10</b> 13. MIN. <b>00</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>self employed</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Joplin, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>unknown Carmean</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Minnie Parker</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Hickman T. Curtis</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Hickman T. Curtis, Kansas City, Mo.</b>		<b>ADDRESS</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Leukemia</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> _____ <b>DUE TO (c)</b> _____			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from 19 <b>48</b> to <b>19 Dec, 19 53</b> that I last saw the deceased alive on <b>19 Dec, 19 53</b>, and that death occurred at <b>8 P</b> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Halma E. Carlson M.D.</b>		<b>23b. ADDRESS</b> <b>1316 Professional Bldg.</b>	
<b>23c. DATE SIGNED</b> <b>20 Dec</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>12/22/53</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mc Grove Cem.</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Independence, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>12-22-53</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Halma E. Carlson</b>	
<b>REGISTRAR'S SIGNATURE</b> <b>James E. ...</b>		<b>ADDRESS</b> <b>Independence, Mo.</b>	

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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.