

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40251**
Registrar's No. **61**

57 DEC 12 1939
Registration District No. **556**

Primary Registration District No. **5757**

1. PLACE OF DEATH:

(a) County **Merces**
(b) City or town **"Rural" (Lawanna township)**
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Florence C. Curtis**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Zulley Curtis** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **Sept 2 1892**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 2 22 hr. min.

9. Birthplace **Ma. Merseves, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

MOTHER FATHER
12. Name **Jim M. Neeley**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Denamare**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Florence Curtis**

(b) Address **RFD 3 Princeton Mo**

17. (a) **Coan** (b) Date thereof **Nov. 26, 1939**
(Burial, cremation, or inhumation) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Noel Moss**

(b) Address **Princeton Mo**

19. (a) **11/25-39** (b) **J M Perry**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Merces**
(c) City or town **Princeton "Rural"**
(If outside city or town limits, write "RURAL")
(d) Street No. **RFD 3**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **24**
year **1939** hour **4-30** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **Law Dr**
only 4 1/2 hr dead 19 **39**, to _____, 19 _____;
that I last saw h. **X** alive on **X** _____, 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**
Duration **5 hrs**
Due to **Chronic mitral regurgitation** **5400**
Due to _____ **1**

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings:
Of operations _____

Of autopsy **none**

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) (e) Means of injury _____

28. Signature **E. H. Stacy** (M. D. or other) **MD**
Address **Princeton Mo** Date signed _____

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

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.

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.....

Paul Mess

Licensed Embalmer No. *2634*

P. O. Address.....

Princeton, 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, above space should be left blank.