

FILED AUG 3 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25006

State File No. _____

Registration District No. 221

Primary Registration District No. 5300

Registrar's No. _____

27

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

1. PLACE OF DEATH:

(a) County Casper

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all of life
years, months or days

3. (a) PRINT FULL NAME MARTHA CURTIS FINIS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fe **5. Color or race** negro

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

6. (b) Name of husband or wife deceased **6. (c) Age of husband or wife if** _____
James Finis alive years

7. Birth date of deceased April 8, 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>2</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace Casper Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation house work

11. Industry or business

12. Name Henry Curtis

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

14. Maiden name Mahdya Curtis

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

16. (a) Informant Police Finis

(b) Address Pleasant Green, Mo.

17. (a) Burial **(b) Date thereof** June 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt mariah

18. (a) Signature of funeral director Wagon + Painter 1940

(b) Address Pilot Bridge, Mo.

19. (a) 6/24 1940 **(b)** Walter Fogle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Casper

(c) City or town Pleasant Green, RR#1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U.S.A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1940 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 1
1940 to July 23, 1940

that I last saw her alive on July 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Valvular
Heart Disease

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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) _____
(a) Means of injury _____

23. Signature Walter Fogle (M. D. or other) _____

Address Wentworth, Mo. Date signed 6/29 40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-2-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Rayton E. Hayo
Licensed Embalmer No. 3074
P. O. Address Delat Grove, 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.