

Registration District 16

Primary Registration District No. 3008

Registrar's No. 209

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital No. 1  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Fulton, Mo  
(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.

3. (a) PRINT FULL NAME Ida Curtis 132

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife W.C. Curtis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 6 (Month) 9 (Day) 1869 (Year)

8. AGE: Years 71 Months 2 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name J.W. Smith

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

14. Maiden name Ella Russell

15. Birthplace Virginia (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof Aug. 23, 1940  
(Burial, cremation, or removal) \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation Hill-Crest

18. (a) Signature of funeral director Glen Y. Mangin

(b) Address 700 Court St. Fulton, Mo

19. (a) Aug. 23, 1940 (b) P. N. Crewe  
(Date recorded local registrar) \_\_\_\_\_ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 22  
year 1940 hour -1- minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to Aug 22, 1940  
that I last saw her alive on Aug. 22, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of anterior communicating artery of cereb. vessels  
Due to Hypertension

Due to \_\_\_\_\_  
Other conditions Acute Bronchitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Acute Hemorrhage of Brounchitis

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 \_\_\_\_\_

23. Signature J.W. Forman M.D. (M. D. or other) \_\_\_\_\_  
Address State Hospital Fulton, Mo Date signed 8-23-40

Duration  
6 hrs.

PHYSICIAN  
Underline (the cause to which death should be charged statistically).

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

240  
39  
23159

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.....

*Walter P. Hedges*

Registered Apprentice No. *263*

working under my personal supervision.

Signed.....

*Glen Y. Manpin*

Licensed Embalmer No. *2775*

P. O. Address..... *Fulton, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.