

Registration District No. **547**

Primary Registration District No. **3079**

Registrar's No. **36**

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

1. PLACE OF DEATH:

(a) County **Marion**
(b) City or town **Hannibal**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Leveering Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **one week**
In this community **40 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion** **64**
(c) City or town **Lakewood** **0**
(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. **1**

3. (a) PRINT FULL NAME **Rockey Lee Curtis**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Edna Curtis** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **February 5, 1874**
(Month) (Day) (Year)

8. AGE: Years **66** Months **11** Days **19** If less than one day hr. _____ min. _____

9. Birthplace **Lincoln County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **Samuel Curtis** **9**

13. Birthplace **(Do not know)** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Rhoda Westgrove** **9**

15. Birthplace **(Do not know)** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edna Curtis**

(b) Address **Lakewood, Missouri**

17. (a) **Burial** (b) Date thereof **Jan. 26, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Int. Olive Cemetery**
18. (a) Signature of funeral director **Roy P. Schwartz**
(b) Address **Hannibal, Missouri**
19. (a) **Jan 28 '41** (b) **H. C. Gushen**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **24th**
year **1941** hour **4:45** minute **P.M.**

21. I hereby certify that I attended the deceased from **Jan 16**, 1941, to **Jan 24**, 1941;
that I last saw him alive on **Jan 24**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Infected Gall Bladder**

Due to **Surgical Shock**

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

Major findings: Of operations **Infected Gall Bladder**
Of autopsy _____
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? **1/11**
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. E. Sulger** (M. D. or other) **11**
Address **Hannibal, Mo** Date signed _____

127

STATE OF IOWA - IOWA EMBALMERS BOARD

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.....

Ray P. Schwartz

Registered Apprentice No.

working under my personal supervision.

Signed *Ray P. Schwartz*

Licensed Embalmer No. *1765*

P. O. Address *Hannibal, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 33 93

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Hannibal
(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)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Rosey Lee Curtis

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 19 _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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.

GENERAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Infected Gall Bladder
Due to Surgical Shock

Due to Gall Bladder full of Stones

Other conditions Infected gall bladder
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____ 126

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 _____

23. Signature P. S. Salyer (M. D. or other) _____

Address Hannibal Mo Date signed _____

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

SUPPLEMENTARY

