

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29077

State File No. \_\_\_\_\_

Registration District No. 669Primary Registration District No. 5899Registrar's No. X

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: Madison Summit Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barkwell Mem Hosp  
(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: Infant son of R.L. Curtis

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

4. Sex: 0 male 5. Color or race: white 6. (a) Single, widowed, married, divorced: -D

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

7. Birth date of deceased: Aug 7 - 41  
(Month) (Day) (Year)

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

9. Birthplace: Sedalia Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name: R.L. Curtis

13. Birthplace: Edna Mo  
(City, town, or county) (State or foreign country)

14. Maiden name: Margaret Irene Burke

15. Birthplace: Farmville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: R.L. Curtis

(b) Address: Smithton Mo

17. (a) Burial (b) Date thereof: 8-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Farmville Cem

18. (a) Signature of funeral director: R.L. Curtis

(b) Address: Smithton Mo

19. (a) Aug 9 - 1941 (b) Mrs. L. M. Moseley  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri County: Pettis

(c) City or town: Smithton  
(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 Aug day 8  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 8/8/41 19\_\_\_\_; that I last saw him alive on 8/8/41 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Anthrax Duration \_\_\_\_\_

Secondary cause of death: Septicemia

Due to injury

Other conditions: 158

(Includes pregnancy within 3 months of death)

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)

(e) Manner of injury: \_\_\_\_\_

23. Signature: [Signature] (M. D. or other) \_\_\_\_\_

Address: Smithton Mo Date signed: 8/9

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9-10-41

**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 *D. F. Neumann*

Licensed Embalmer No. 3912

P. O. Address *Smithton Pa.*

**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.**