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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9552

FILED APR 8 1942

Registration District No. 2499 Primary Registration District No. 1002 Registrar's No. 1164

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
618 Brighton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
48 Yrs.
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 618 Brighton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Benjamin A. Curtis
3. (b) If veteran, name war None
3. (c) Social Security No. 495-07-9606
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes F. Curtis
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March 4 1884 (Month) (Day) (Year)
8. AGE: Years 58 Months 0 Days 16 If less than one day hr. min.
9. Birthplace (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Central Brew Sales Co
FATHER 12. Name william A Curtis
13. Birthplace (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name Virgina Spratt
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Agnes F. Curtis
(b) Address 618 Brighton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington Cem.
18. (a) Signature of funeral director Mrs C.L. Forster
(b) Address 918 Brooklyn
19. (a) 3-23-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1942 hour 6 minute 55 P M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Hemorrhage
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Renzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Jc. 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, fact should be so stated above.