

DEPARTMENT OF THE CENSUS  
FILED APR 2 1942

Registration District No. 23

Primary Registration District No. 31506-5118

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: The Ellis Fischel State Cancer Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
In this community 0  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")  
(d) Street No. 495 Apple St.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1942 hour 7 minute 45 P.M.  
21. I hereby certify that I attended the deceased from March 13, 1942, to March 23, 1942,  
that I last saw her alive on March 23, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis  
Ulceration of Large Bowel  
Duration 7 or 8 Days  
10M

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy See report

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

3. (a) PRINT FULL NAME Gladys Curtis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife George Curtis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 10 1906  
(Month) (Day) (Year)

8. AGE: Years 35 Months 9 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Beverly Boyce

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Pl. Gladys Curtis

(b) Address Poplar Bluff, Missouri

17. (a) Removal - Burial Date thereof Mar 24 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director R. Ott

(b) Address \_\_\_\_\_  
19. (a) 3-24-42 (b) E. Edna H. Barber  
(Date received local registrar) (Registrar's signature)

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 J. V. Ackerman M.D. (M. D. or other) M.D.  
Address Ellis Fischel State Cancer Date signed 3-25-42

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

010  
2  
4

MOTHER FATHER

1250

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**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.....

*R. W. [Signature]*

Licensed Embalmer No..... 5183

P. O. Address.....

**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.**