

FILED APR 20 1942

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 828

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town St. Louis, Mo. R.S.H. H. 25
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 46

(a) State Missouri (b) County 0

(c) City or town Lacoma (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Elmer Curtiss

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 Child

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

7. Birth date of deceased June 14 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>9</u>	<u>28</u>	hr. _____ min.

9. Birthplace Lacoma, Mo. (City, town, or county) (State or foreign country) Mo. 0

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Frank Curtiss

13. Birthplace Lacoma (City, town, or county) (State or foreign country) Mo. 0

14. Maiden name Alice Williams

15. Birthplace St. Louis (City, town, or county) (State or foreign country) Mo. 0

16. (a) Informant Frank Curtiss

(b) Address Lacoma Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/14/42 (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington

19. (a) APR 13 1942 (Date received local registrar) (b) E. J. McFarland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 12 year 1942 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Apr 8 1942 to Apr 12 1942
that I last saw him alive on Apr 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Meningitis

Due to Influenza Bacillus 7 days

Due to _____

Other conditions (Include pregnancy within 3 months of death) JH

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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 _____

Signature John Z... (M. D. or other) 0

Address 576 N Tayer Date signed 4/13-42

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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

E. W. Wilkinso

Licensed Embalmer No.

3575

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.