S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36170

Registration District No. FILED DEC 7 1942 Primary Registration District No. 1002 Registrar's No. 4263

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: 3200 Norledge 4 K C Conv. Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months (Specify whether In this community 22 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

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

(d) Street No. 100 N. Brighton (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME CLARA AUGUSTA CURTIS

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Fe.

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July 24, 1861 (Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 19 If less than one day ___ hr. ___ min.

9. Birthplace Mt. Pleasant (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

FATHER
12. Name O. K. Serviss
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Maria Forgy
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Mrs. Marie Garner

(b) Address 100 N. Brighton

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery, K. C. K.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City Mo.

19. (a) 11-16-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 1, 1942 to Nov 11, 1942 that I last saw her alive on Nov 11, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Valvular Heart Disease	10 yrs
Due to	
Due to 92 D	
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 R. Williams (M. D. or other) MD

Address 5400 St John Av Date signed 11/14/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wallman

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.N. Blackman

Licensed Embalmer No. 2244

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.