

Registration District No. 132

Primary Registration District No. 3021

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

1. PLACE OF DEATH

(a) County Grundy

(b) City or town Wrenton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wright 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy

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

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

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

3. (a) PRINT FULL NAME Arthur Robert Curtis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 16th 1943 to May 21st 1943; that I last saw him alive on May 21st 1943; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsia Curtis 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 5 1886
(Month) (Day) (Year)

Immediate cause of death Peritonitis Duration 5 days

Due to Ruptured Small Intestine

Due to Kicked in abdomen by a Bull 195 lb bull 5 days

Other conditions (Include pregnancy, within 3 months of death) _____

8. AGE: Years Months Days If less than one day

57	1	16	hr. min.
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Major findings: Perforated Small Intestine - Peritonitis 3

Of operations _____

Of autopsy _____

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

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Kinnon Curtis

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

14. Maiden name Samona Sanders 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant Elsia Curtis

(b) Address Spickard Mo

17. (a) Burial (b) Date thereof May 23-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martin Am. Grundy Co Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Kicked by a Bull

(b) Date of occurrence May 16th 1943

(c) Where did injury occur? Grundy Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?
on farm
While at work? Yes (Specify type of place)

(e) Means of injury Kicked by a Bull

23. Signature Oliver P. Luff (M. D. or other) MD

Address Wrenton Mo Date signed 5-21-43

18. (a) Signature of funeral director Spickard's funeral home

(b) Address Spickard Mo

19. (a) 6-4-43 (b) L. D. Roberts
(Date received local registrar) (Registrar's signature)

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.....

Ross Wise

Licensed Embalmer No.....

3771

P. O. Address.....

Spickard 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.