

2
43
39
98671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1334**
Registrar's No. **454**

Registration District No. **1002** Primary Registration District No. **1002**

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo. 17 days**
(Specify whether
In this community **10 months**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1706 Spruce**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Nettie May Curtis**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Owen Clapper** 6. (c) Age of husband or wife if alive **unknown** years
7. Birth date of deceased **March 14 1881**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	10	11	hr. min.

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

10. Usual occupation **at home**

11. Industry or business **X**

MOTHER FATHER
12. Name **Alonzo Curtis**
13. Birthplace **Ohio** (City, town, or county) (State or foreign country)
14. Maiden name **Belle A. Wills**
15. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

16. (a) Informant **Willa Mae Bales**

(b) Address **303 Margate Rd., Upper Darby, Pa.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **1-25-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Paris, Missouri**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, Kansas City, Mo.**

19. (a) **Jan 27 1944** (Date received by registrar) (b) **J. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **25**
year **1944** hour **12** minute **5** A. M.

21. I hereby certify that I attended the deceased from **December 8 1943** to **January 25 1944**
that I last saw her alive on **January 25 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Intestines** Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **See above** **4/2**

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?

While at work (Specify type of place) (a) Means of injury **D.M.O.**
Signature **J. E. Upsher** (M. D. or other)
Address **Med. Dir. Gen'l Hosp. 1-25-44**

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

John H. Hurley

Licensed Embalmer No. *4050*

P. O. Address *Kansas City, 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.