S. No. 2
DM—2-43
. 5-17-39
I X35697

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. 28361

FILED AUG 17 1944

Registration District No. 24 — Primary Registration District No. 5826 — Registrar's No. 123

1. PLACE OF DEATH:
(a) County: New Madrid
(b) City or town: Conran (If outside city or town limits, write "RURAL" and name of township) Tp. 7 Range 14
(c) Name of hospital or institution: No 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: About 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: New Madrid
(c) City or town: Conran (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: JOSHUA FRANKLIN CURTIS
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: /
6. (b) Name of husband or wife: MARY CURTIS
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: OCT (Month) - 9 (Day) - 1897 (Year)
8. AGE: Years 66 yrs. Months 6 Days 29 If less than one day ____ hr. ____ min.
9. Birthplace: unk (City, town, or county) TENN. (State or foreign country)
10. Usual occupation: FARMING
11. Industry or business: unk
MOTHER FATHER
12. Name: J. A. CURTIS
13. Birthplace: unk (City, town, or county) TENN. (State or foreign country)
14. Maiden name: SARAH ANN WHEELER
15. Birthplace: unk (City, town, or county) GEORGIA (State or foreign country)
16. (a) Informant: E. A. Curtis
(b) Address: Conran
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: July 9 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: PORTAGEVILLE
18. (a) Signature of funeral director: Richards and Co.
(b) Address: New Madrid, Mo.
19. (a) Aug 5-44 (Date received by local registrar) (b) Mrs. O. L. Parrett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1944 hour 1030 minute P.M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h. alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: No Medical Attendant — Duration
Due to: Acute Myocarditis
Due to:
Other conditions (Include pregnancy within 3 months of death): 920
Major findings: Of operations:
Of autopsy: No

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: Leo Hedgepeth Deputy Coroner (M.D. or other)
Address: New Madrid Mo Date signed 7/9/44

12-14 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 844-1145
Date Filed 8-11-44

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 Not Embalmed

Licensed Embalmer No. .....

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.