

Registration District No. **80**

Primary Registration District No. **5307**

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

600

1. PLACE OF DEATH:

(a) County **Cole**

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1**
(Specify whether)

In this community **1**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**

(c) City or town **Russellville Rural**
(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 **MARILYN SUE CURTMAN**

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month **Sept** day **6th**
year **1944** hour **2** minute _____ P.M.

4. Sex **Female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife _____

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

21. I hereby certify that I attended the deceased from **Sept. 1** 1944 to **Sept. 6** 1944
that I last saw her alive on **Sept 5** 1944
and that death occurred on the date and hour stated above.

7. Birth date of deceased **JUNE 12 1944**
(Month) (Day) (Year)

Immediate cause of death **Hemolytic Anemia resulting in Anoxemia**
Due to _____
Duration **10 days**

8. AGE:	Years	Months	Days	If less than one day
	0	2	24	hr. _____ min. _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **7382**

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Lloyd Curtman**

13. Birthplace **Detroit MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **Lula Ramsey**

15. Birthplace **Oregon MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lloyd Curtman**

(b) Address **Russellville MO**

17. (a) **Rural** (b) Date thereof **9-7-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ramsey Cem**

18. (a) Signature of funeral director **Walter S. Lester**

(b) Address **Russellville MO**

19. (a) **Sept - 7-44** (b) **Max E. W. Plummer**
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature **Walter S. Lester** (M. D. or other) _____
Address _____ Date signed **9-7-44**

RECEIVED

District Health Officer No.

District File Number.....

Date Filed 10-3-4

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 *G. S. Stephens*

Licensed Embalmer No. 2307

P. O. Address Russellville, 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.