V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36673

Registrar's No. 4637

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:
General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-12-44-11-15-44 (Specify whether
In this community Unknown —
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4

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

(d) Street No. 1211 Woodland
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MAY CURTIS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife Clarence Curtis

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

7. Birth date of deceased Sept. (Month) 4 (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	2	11	hr. min.

9. Birthplace Ada (City, town, or county) Okla. 1 (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Johnny Brown
13. Birthplace (City, town, or county) Unk 0 (State or foreign country)

MOTHER
14. Maiden name Janie Nero
15. Birthplace (City, town, or county) Unk 0 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address Gen. Hosp. #2

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11/18/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Allister Okla

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 11-18-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1944 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 12, 1944, to Nov. 15, 1944
that I last saw her alive on Nov. 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tbc. with Effusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 13 b

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature [signature] (M.D. or other)

Address Gen. Hosp. #2 600 E. 22nd Date signed 11-18-44

(Licensed Embalmer's Statement on Reverse Side)

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 Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.