

FILED JAN 14 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1026

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Spfld. Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether
In this community 38 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 838 S. Pickwick
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT Howard Leslie Curtis
FULL NAME

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Oct. 21, 1905
(Month) (Day) (Year)

8. AGE: Years 40 Months 1 Days 22 If less than one day
hr. min.

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

10. Usual occupation Restaurant Operator

11. Industry or business

12. Name Scott Curtis

13. Birthplace Richland Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Olive E. King

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

16. (a) Informant Mrs. Argle Curtis
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 12/16/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-26-45 (b) S. W. Handy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1945 hour 4:00 minute P.M.

21. I hereby certify that I attended the deceased from Dec 6, 1945, to Dec 13, 1945;
that I last saw him alive on Dec 13, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Appendicitis acute perforated 4 days
Due to Peritonitis acute 2 days
Due to Pulmonary embolism sudden

Other conditions (Include pregnancy within 3 months of death)

Major findings: Above
Of operations

Of autopsy 129

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 Car
23. Signature Robert R. Glyn (M. D. or other) 12/21/45
Address Springfield Mo Date signed 12/21/45

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

MOTHER FATHER

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

Walter E. Smith

Licensed Embalmer No. *3808*

P. O. Address

Springfield, 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.