

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**FILED** JAN 26 1946  
Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **2**

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:  
**1138 N. National Ave.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **70 Years** (Specify whether years, months or days)

In this community **70 Years**

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **1138 N. National Ave.**  
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME **DOROTHY ANGELINE CURTIS**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

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

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

6. (b) Name of husband or wife **James Curtis**

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

7. Birth date of deceased **September 20, 1856**  
(Month) (Day) (Year)

8. AGE: Years **89** Months **3** Days **11** If less than one day hr. min.

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

10. Usual occupation **Retired Practical Nurse**

11. Industry or business **Nursing**

12. Name **Barnabus Messersmith**

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

14. Maiden name **Mary Smith**

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

16. (a) Informant **Mrs. Ola Dotson**

(b) Address **1138 N. National Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 3, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Danfourth**

18. (a) Signature of funeral director **Fred C. Thieme**

(b) Address **Springfield, Mo.**

19. (a) **1-3-46** (b) **D. W. Handley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **1st**  
year **1946** hour **2:45 PM** minute ..... M.

21. I hereby certify that I attended the deceased from **Dec 28**, 19**45** to **1 Jan**, 19**46**;  
that I last saw him alive on **1 Jan**, 19**46**;  
and that death occurred on the day and hour stated above.

Immediate cause of death **Pneumonia following Influenza**

Duration **3 days**

Due to **Influenza** **1 week**

Due to .....

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

Major findings:  
Of operations .....

Of autopsy **33%**

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? .....

(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 **R. Medwhite** (M. D. or other) **M.D.**  
Address **Woodruff Bldg Springfield Mo** Date signed **3 Jan**

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

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