

9354
 1480

State File No. _____
 Registrar's No. _____

FILED APR 19 1948

Registration District No. 179 Primary Registration District No. 1002

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:
70th Terrace and Valley Road 3
(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 50 Years

3. (a) PRINT FULL NAME John Alonzo Curtis
 3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Delia E. Curtis 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug 7 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>7</u>	<u>219</u>	hr. _____ min. _____

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

10. Usual occupation Subway Supt. (Retired)

11. Industry or business Southwestern Bell Telephone

MOTHER FATHER
 12. Name James Curtis
 13. Birthplace No record
(City, town, or county) (State or foreign country)
 14. Maiden name Rhoda Ivy
 15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl O. Swanson
 (b) Address 1005 W. Gregory, K. C., Mo.

17. (a) Burial (b) Date thereof March 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elnwood

18. (a) Signature of funeral director Gates Funeral Home
 (b) Address 41st & State Line K. C. K.

19. (a) 3-28-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 1005 West Gregory Boulevard 8
(If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
 year 1948 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
arterio sclerosis

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death) 940

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy no
Hestley & Frequenter

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 James O. Walker (M. D. or other) 3
 Address 1429 1/2 11th Date signed 3-27-48

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

8230

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

Rose Blanford

Licensed Embalmer No.

4015

P. O. Address

4121 State Lane

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.