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17-39  
X35697

**FILED** JUL 15 1946

Registration District No.

Primary Registration District No.

3016 ✓

1461

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
of Coroner stated that Mr. Curtit died in J. C. Limits

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Dead enroute to Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community Coroner's Office - died in J.C. Limits  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

Osage 7/6  
(a) State Mo (b) County Denton  
(c) City or town Chamois Mo  
(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

Ray Albert Curtit

3. (b) If veteran,

name war World War 2

3. (c) Social Security

No. 499-03-1817

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

6. (b) Name of husband or wife Marceline Ruth 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased: May 16 1914  
(Month) (Day) (Year)

8. AGE: Years 32 Months 0 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Crook Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman Dredge Boat

11. Industry or business \_\_\_\_\_

12. Name Irene Curtit

13. Birthplace Linn Mo R.D.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Sieg

15. Birthplace Osage Co Os Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ray Curtit

(b) Address Chamois Mo

17. (a) Burial (b) Date thereof 6-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chamois Mo

18. (a) Signature of funeral director Clayton Newton

(b) Address Chamois Mo

19. (a) 6-11-46 (b) R.P. Harrison  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 8  
year 1946 hour 11 minute 20 pm

21. I hereby certify that I attended the deceased from Dead when viewed  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed chest, internal hemorrhage  
Due to Run over by an automobile  
Due to \_\_\_\_\_

Other conditions (Include pregnancy with term (m.))

Major findings of operation ADDITIONAL INFORMATION REQUESTED  
Of autopsy 170-20-21

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) Accident 7/6  
(b) Date of occurrence 6-9-46  
(c) Where did injury occur? Highway 89 Osage Co  
(City, town, or county) (County) (State)  
(d) Did injury occur in or about home, or farm, in industrial place, in public place?  
Public Hi way (Specify type of place)

While at work? Yes (e) Means of injury Car

23. Signature J. R. Redlie (M. D. or other)  
Address Jefferson City, Mo Date signed 6-11-46

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-27-46

1946  
SEP 9

MAR 14 1947

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 Vernon M. Merton

Licensed Embalmer No. 4125

P. O. Address Levin

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.

July  
149

Registration District No. 77

Primary Registration District No. 3016

Registrar's No.

1. PLACE OF DEATH:

(a) County cole  
(b) City or town Jefferson city  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (years, months or days)

3. (a) PRINT FULL NAME Ray A. Curtiss

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased may 16 1898  
(Month) (Day) (Year)

8. AGE: Years 32 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day \_\_\_\_\_ year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 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 \_\_\_\_\_

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 8 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 6-8-46

(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 J. L. Leslie M.D. Coroner (M. D. or other)

Address Jefferson City, Mo. Date signed 6-28-46

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

MOTHER FATHER

SUPPLEMENTARY

JUL 20 1947

SEP 9 1946

OCT 9 1945

19825