

S. No. 2
M-5-43
5-17-39
X36671

FILED MAR 3 1947

Registration District No. **242**

Primary Registration District No. **4362**

Registrar's No. **25**

1. PLACE OF DEATH:

(a) County **New Madrid**

(b) City or town **Morehouse, Missouri**
(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 **Two months**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot 78**

(c) City or town **Gobler** (If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No) **1**

If yes, name country _____

3. (a) PRINT FULL NAME **George Henry Curtis**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1-** day **5**
year **1947** hour **10:00 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **1-1** 19**47** to **1-5** 19**47**
that I last saw him alive on **1-4** 19**47** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **W**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **December 24 1864**
(Month) (Day) (Year)

Immediate cause of death: **Fracture of legs** Duration **1 week**

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

82	0	11	hr. min.
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9. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **John F. Curtis**

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

14. Maiden name **Delcia Eaton**

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

16. (a) Informant **Milburn Curtis**

(b) Address **Morehouse, Missouri**

17. (c) **Burial** (b) Date thereof **1 6 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Caruthersville, Mo.**

18. (a) Signature of funeral director **H. J. Smith, Funeral Home**

(b) Address **808 Ward Ave., Caruthersville**

19. (a) **1-15-47** (b) **Thomas D. Shivers**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature **Dr. J. J. ...** (M. D. or other) **0**
Address **Morehouse, Mo.** Date signed **1-6-47**

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

MOTHER FATHER

220

RECEIVED

District Health No. 2,

District File Number 247-227

Date Filed 2-24-47

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.....

Body was not Embalmed....., Registered Apprentice No.....

working under my personal supervision.

Signed James A. Osburn.....

Licensed Embalmer No. 4185.....

P. O. Address Greenfield, Me.....

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.