

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17201

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 55

1. PLACE OF DEATH:  
(a) County Palaski  
(b) City or town Waynesville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Waynesville General  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)  
In this community 14 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Dent 33  
(c) City or town Lecoma  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME William F Curtis  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 8  
year 1948 hour 8 minute P M.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married divorced Married  
6. (b) Name of husband or wife Margaret Curtis  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Jan 28 1918 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-24 1948 to 5-8 1948 that I last saw him alive on May 8 1948 and that death occurred on the date and hour stated above.  
Immediate cause of death

8. AGE: Years 70 Months 3 Days 8 If less than one day hr. min.  
9. Birthplace Phelps MO (City, town, or county) (State or foreign country)

myocardial degeneration  
Pneumonia - Bronchial  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations Of autopsy

10. Usual occupation Farmer  
11. Industry or business Industry  
12. Name Charles Curtis  
13. Birthplace Unknown Ill. (City, town, or county) (State or foreign country)  
14. Maiden name Hallie Grant  
15. Birthplace Unknown Ill. (City, town, or county) (State or foreign country)  
16. (a) Informant Frank E Curtis  
(b) Address Rolla, MO.  
17. (a) Removal (b) Date thereof 5 8 48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cold Springs  
18. (a) Signature of funeral director Mull & Sons S.M.  
(b) Address Rolla, Mo.  
19. (a) 5-10-48 (b) J Helman C. Bush (Data received local registrar) (Registrar's signature)

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? (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) (c) Means of injury  
23. Signature (M. D. or other) Date signed 5/8/48

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

MOTHER FATHER

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**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..... *Paul E. Null*.....  
Licensed Embalmer No. *4498*.....  
P. O. Address *Rolla, 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.**