

FILED AUG 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22680

Registration District No. 98

Primary Registration District No. 5258

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Daviess
 (b) City or town "Rural" Colfax Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4 Miles Southwest Altamont, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether
 In this community about 5 Years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Enna Vivian Curtis3. (b) If veteran,
name war None3. (c) Social Security No.
None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Ola Benjiman Curtis 6. (c) Age of husband or wife if
alive 71 years7. Birth date of deceased March 14 1883
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
65 3 17 hr. min.9. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Own Home12. Name George Washington Wood13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)14. Maiden name Amelia Frances West15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)16. (a) Informant Clyde Curtis(b) Address 3316 Wabash, Kansas City, Mo17. (a) Burial (b) Date thereof 7-4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Winston, Missouri(d) Signature of funeral director Hope Funeral Home(b) Address Gallatin, Missouri19. (a) 10 July 1948 (b) Virginia M Engelhardt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 310
 (c) City or town "Rural" Colfax Township 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 Miles Southwest Altamont, Mo
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1948 hour 8 minute 20 P. M.21. I hereby certify that I attended the deceased from March 14, 1948 to July 1, 1948
that I last saw him alive on July 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

adenocarcinoma of pancreas with abdominal metastasis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: as above
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER, FATHER

MOTHER, FATHER

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 Virginia M Engelhardt (M. D. or other) _____Address Gallatin Mo Date signed 7 July 1948

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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

L. O. Dickerson

Licensed Embalmer No.

3302

P. O. Address

Gallatin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.