

**STANDARD CERTIFICATE OF DEATH**

State File No. 1852

FILED JAN 14 1949

BIRTH NO. 209 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rura</u> <u>JEFFERSON TWP</u>	
c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		d. STREET ADDRESS (If rural, give location) <u>Paris Mo R.F.D. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>ST Elizabeth's Hospital.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LINNIE</u>	b. (Middle) <u>Leora</u>	c. (Last) <u>Curtis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 2. 1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 14. 1874</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>17</u>	11. UNDER 1 Wks. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MONROE COUNTY, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William B. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Martha E. Hobson</u>	14. NAME OF HUSBAND OR WIFE <u>Ferry Curtis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Curtis Hannibal Mo</u>	ADDRESS <u>Hannibal Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma Testis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2.4 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydatidic Pneumonia</u>		
	DUE TO (c) <u>Anterior element part of testis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>5 yrs.</u>

19a. DATE OF OPERATION <u>1948</u>	19b. MAJOR FINDINGS OF OPERATION <u>1948</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED</u> (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8:15 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Conlan</u> (Degree or title)	23b. ADDRESS <u>1009 Broadway</u>	23c. DATE SIGNED <u>1/14/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 4. 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. STEPHENS CEMETERY, INDIAN CREEK.</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 4 - 1949</u>	REGISTRAR'S SIGNATURE <u>Dr E M Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson &amp; Sons</u>	ADDRESS <u>MONROE CITY, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300  
10. 48

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Leslie L. Wilson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Manassas City, MD

**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.