

FILED MAR 24 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8493  
1009

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY JACKSON  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY  
c. LENGTH OF STAY (in this place) 1 day  
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Kansas b. COUNTY Johnson  
c. CITY (If outside corporate limits, write RURAL and give township) - OR TOWN Eudora CITY  
d. STREET ADDRESS (If rural, give location) 1208 East 17th Street

3. NAME OF DECEASED  
a. (First) JESSIE b. (Middle) \_\_\_\_\_ c. (Last) CURLS

4. DATE OF DEATH MARCH 4 1951

5. SEX FEMALE 3

6. COLOR OR RACE NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH APRIL 12 1896

9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Days \_\_\_\_\_ IF UNDER 12 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) TEXAS

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME ED RHINE

13b. MOTHER'S MAIDEN NAME BEULAH

14. NAME OF HUSBAND OR WIFE Lee Edward Curls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME FAYE WILLIAMS ADDRESS 1208 East 17th Street

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) PULMONARY CONGESTION & EDEMA  
TERMINAL BRONCHO PNEUMONIA  
ANTECEDENT CAUSES  
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) CARDIAC INSUFFICIENCY  
DUE TO (c) HYPERTENSIVE HEART DISEASE  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
  
443X

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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) \_\_\_\_\_ (COUNTY) \_\_\_\_\_ (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 3-4, 1951 to 3-4, 1951, that I last saw the deceased alive on 3-4, 1951, and that death occurred at 10:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis (Degree or title) \_\_\_\_\_

23b. ADDRESS MD. 600 East 22nd Street

23c. DATE SIGNED 3-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/7/51

24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 3-7-51 REGISTRAR'S SIGNATURE Seraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. 1729 Lydia ADDRESS \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *J. Jerome Malone*

Licensed Embalmer No. *3994*

P. O. Address *2523 Highland*

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.