

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

3658
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 656
 (b) Township Holland Primary Registration District No. 628 Registered No. _____
 (c) City Holland (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 4 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jackie Ray Culp 410
 (a) Residence, No. Holland St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of Bee Culp
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-20-1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28th 1938
 22. I HEREBY CERTIFY, That I attended deceased from 1-26 1938, to 1-26 1938
 I last saw him alive on 1-26 1938 Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Whooping Cough & Pulmonary
 Date of onset 1-15-38
 Other contributory causes of importance: Age

12. BIRTHPLACE (CITY OR TOWN) Holland (STATE OR COUNTRY) Mo.
 FATHER NAME Bea Culp
 14. BIRTHPLACE (CITY OR TOWN) H (STATE OR COUNTRY) Mo.
 MOTHER NAME Bee Culp
 16. BIRTHPLACE (CITY OR TOWN) Holland (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) Doss Culp
Holland, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Samford Cem DATE Jan 29 1938
 19. FUNERAL DIRECTOR (ADDRESS) German Undt Co,
Steele, Mo.
 20. FILED 2-12-1938 Tom Angener (Address) Holland Mo
Local Registrar

Name of operation None Date of _____
 What test confirmed diagnosis? Symptoms Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) D. C. M. Lewis, M. D.
 (Address) Holland Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)