

APR 13 1939

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

11059
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 398
 (b) Township Chil Primary Registration District No. 5554 Registered No. 88
 (c) City Independence (d) Street No. 1840 Howard 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Joseph G. McCullough
 (a) Residence, No. 1840 Howard 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgia McCullough
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 12, 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 5 24
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Real Estate
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Illinois
 13. NAME No record
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record
 15. MAIDEN NAME No record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record
 17. INFORMANT (NAME) (ADDRESS) Ms. Georgia McCullough 1840 Howard
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Mt. Washington Feb. 10, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) George C. Carson Independence, Mo.
 20. FILED 3-15-1939 J. L. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to 3-9, 1939
 I last saw him alive on 3-7, 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
 Date of onset 3-2-39
 Other contributory causes of importance:
Senility
Cerebral Hemorrhage
Ch. nephritis, Senility
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify _____
 (Signed) George M. Park M. D.
 (Address) 11037 Winney Rd. Ind. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-10-37 I X12004

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 with the above constitutes grounds for revocation of license.)