

357 AUG 7 1939

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

24830
Do not use this space.

3043

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kay Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 2506 Norton Avenue, K.C. Mo. 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 Tamer Mc Cullum
 (a) Residence, No. 2506 Norton Avenue, K.C. Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. J. Mc Cullum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12th, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 6 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home

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) Davis County, Mo. 0

FATHER
 13. NAME No Record Patterson 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record 9

MOTHER
 15. MAIDEN NAME No Record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Son, Mr. Mc Cullum,
 (ADDRESS) 2506 Norton Avenue, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE July 31-1939

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster
 (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED July 29 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28th, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 28 to July 28, 1939
 I last saw her alive on July 27, 1939. Death is said to have occurred on the date stated above, at A. M.
 The principal cause of death and related causes of importance were as follows:
Ch. Nalvular x myocardial
Heart disease
Decompensation
w/Ch. hypert. failure
 Date of onset ?

Other contributory causes of importance:
Ch. Schachtel
131

Name of operation None Date of
 What test confirmed diagnosis Was there an autopsy? 20

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? 20
 If so, specify
 (Signed) O. O. Edwards, M. D.
 (Address) 4700 E. 11th

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.

Dr. D. D. Edmonds,
Phone ~~559~~ 57949
4800 East 24

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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address K.C. Mo.

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, above space should be left blank.