REC'D SEP 20 1939

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

28844
Do not use this space.

1. PLACE OF DEATH
(a) County Cedar — Registration District No. 163
(b) Township — Primary Registration District No. 4095 — Registered No. 51
(c) or City El Dorado Springs — (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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 416 James Horace Culver
(a) Residence, No. El Dorado Springs 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: 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: GERTIE CULVER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 20 - 1894
7. AGE: YEARS 65 — MONTHS 0 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: TAILOR
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Neb

FATHER
13. NAME: James S Culver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wis

MOTHER
15. MAIDEN NAME: Amanda Harvey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mich

17. INFORMANT (ADDRESS): Mrs Gertie Culver, Eldorado Springs Mo. R2
18. BURIAL, CREMATION, OR REMOVAL PLACE: City Cem DATE: 8-25 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Gwinn-Siders, Eldorado Springs Mo
20. FILED: 8/24 1939 J W Dawson, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 23, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1939, to Aug. 23, 1939
I last saw him alive on Aug. 23, 1939. Death is said to have occurred on the date stated above, at 12 30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	8/23/39
121	

Other contributory causes of importance:
Arteriosclerosis
Cardiovascular Renal Dis
Apoplexy — 1936-38-39

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Wm J. McGee, M. D.
154 (Address) El Dorado Springs Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X16605

RECEIVED
District Health Officer No. 7,
District File Number 7-39-17 9 2
Date Filed 9-7-39

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 [signature]

Licensed Embalmer No. 2034

P. O. Address Edwards Springs, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.