

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4095

1. PLACE OF DEATH:

(a) County Jackson **NOV 14 1939**

(b) City or town Jackson Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Coney Hospital 1
(If not of hospital or institution, write street number or location)

(d) Length of stay in hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Eula Lee McCullough

8. (b) If veteran, name war ✓ 20

8. (c) Social Security No. ✓ 10

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter McCullough

6. (c) Age of husband or wife if alive _____ years
6 (Day) 1895 (Year)

7. Birth date of deceased Sept. 6 1895
(Month) (Day) (Year)

8. AGE: Years 44 Months 1 Days 15
If less than one day _____ hr. _____ min.

9. Birthplace Rich Hill Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name William Collins

13. Birthplace Greene Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Strider

15. Birthplace J. Lliaris
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eula McCullough

(b) Address 1223 So. Holadel

17. (a) Burial (b) Date thereof 10/14/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) 10/25/39 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If inside city or town limits, write "RURAL")

(d) Street No. 1223 So. Holadel
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1939 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct 17
1939, to Oct 21, 1939;
that I last saw her alive on Oct 21, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to <u>Anemia due to Septic</u>	<u>2 days</u>
<u>respiratoris</u>	
Due to <u>Missour Psyclophorosis</u>	<u>10/21</u>
<u>due to Phyl. Oculis</u>	
Other conditions _____ (Include pregnancy within 3 months of death)	

Major findings: Left kidney contained
Of operation 6 prints plus complete dissection
Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature George J. Conley (M. D. or other) _____
Address 212 E. 1st St. Independence, Mo. Date signed 9/28/39

Mr. Conroy
Lakeview Hosp.

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.....

Elis Remy

Registered Apprentice No. *199*

working under my personal supervision.

Signed *Franklin B. B.*

Licensed Embalmer No. *2467*

P. O. Address *Independence, 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.