FILED APR 1 1940

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

15205
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — 1
(b) Township or (c) City J B Carterville — 0
Registration District No. 413
Primary Registration District No. 5559.C.
Registered No. 24
(d) Street No. WEBB CITY 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. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 242 Lizzie Mc Cullough Webb City Co.
(a) Residence, No. St. Isabella Mo.
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: M. C. Cullough
CANNOT BE ASCERTAINED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 2 - 1887

7. AGE: Years 62 Months 2 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Wife
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): Pomeroy Douglas Co.

FATHER
13. NAME: R. A. Mc Cullough
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wm Town Douglas Mo

MOTHER
15. MAIDEN NAME: Martha Henderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salem Missouri

17. INFORMANT (ADDRESS): H. M. Mc Cullough Lamar Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lamar Mo DATE Apr 3 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. S. McClure Lamar Mo.

20. FILED APR. 2. 40, 19.... J. L. Intelex M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1940, to Apr 2, 1940
I last saw her alive on April 1, 1940. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: 77

Name of operation: None Date of
What test confirmed diagnosis? Lab exam 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) Jesse E. Douglas, M. D.
(Address) 377 Shoot Ave

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH INK. DO NOT FOLD. DO NOT WRITE OUTSIDE THIS LINE. DO NOT ERASE OR CHANGE.

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.

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40-5-10

Fr Rachett

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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 ..... Fred Wm Fly

Licensed Embalmer No. 2886

P. O. Address ..... Gaines Vil

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

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