

S. No. 2
-11-10-39
. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28557

Registration District No. 316

Primary Registration District No. 5486

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Boone Township Trps 2
(If not in hospital or institution, write street number of location)

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

In this community 16 yrs
years, months or days

3. (a) PRINT FULL NAME Thomas Franklin Culbertson

3. (b) If veteran, name war no

3. (c) Social Security No. 594605-1585

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Anna Gerken

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased October 16 - 1872
(Month) (Day)

8. AGE: Years Months Days If less than one day

67 9 29 hr. min.

9. Birthplace Russell Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Dept for ash Grove Ins Co

11. Industry or business Managerial

12. Name J B Culbertson

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lavatha Dallen

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

16. (a) Informant Mrs Anna J. Culbertson

(b) Address Ash Grove Mo

17. (a) Burial (b) Date thereof Aug-19-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Mo

18. (a) Signature of funeral director James A. Jones

(b) Address Walnut Grove Mo

19. (a) Aug-19-1940 (b) Med Leonard Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Ash Grove Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Boone Democrat
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1940 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from 1939 to Aug 10, 1940
that I last saw him alive on Aug 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis

Due to Cirrhosis of Liver

Due to _____

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no autopsy

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?
288 (Specify type of place) _____

23. Signature Charles H. Hattie (M. D. _____)
Address 7th St. Ash Grove Mo Date signed 8-19-40

Duration 4 wks

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

Greene County Health Office,

County File Number 46-9-64

Date Filed 9-12-40

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 Jessie B...

Licensed Embalmer No. 2664

P. O. Address Walter B...

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.