

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29059**

SEP 23 1940

Registration District No. **277**

Primary Registration District No. **3079**

Registrar's No. **223**

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
Levering Hos.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 2 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 519 North Seventh
(If rural, give location)

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

3. (a) PRINT FULL NAME Clarence M. McCullough

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1940 hour 8 minute 45P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose McCullough 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December 3, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
May 15, 1940 to Aug 1, 1940
that I last saw him live on Aug 1, 1940
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>7</u>	<u>29</u>	hr. _____ min _____

Immediate cause of death Cancer of stomach **Duration** 2 mo

9. Birthplace Newville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railway Mail Clerk

Due to _____

Due to if b

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Cyrus McCullough

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

14. Maiden name Anna McKee

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

Major findings: Inoperable Ca Stomach

Of operations _____

Of autopsy _____

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

16. (a) Informant Mrs. Rose McCullough

(b) Address 519 North Seventh

17. (a) Burial (b) Date thereof 8/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal Mo

19. (a) Aug 5-1940 (b) N. C. Hisher
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) no

(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? 4-11
(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature add to death (M. D. or other) /

Address Hannibal Mo Date signed _____

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

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 Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Hannibal Missouri

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.