No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34795

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1054

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Joseph Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gentry
(c) City or town King City Mo R.R.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? all of years.

3. (a) PRINT FULL NAME Elmer Lucian Culver

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary O. Culver
6. (c) Age of husband or wife if alive (Could not obtain) years
7. Birth date of deceased May (Month) 10 (Day) 1871 (Year)

8. AGE: Years 69 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Bolckow (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farmer
FATHER
12. Name Truman Culver
13. Birthplace Little Valley (City, town, or county) N.Y. (State or foreign country)
MOTHER
14. Maiden name Frances Marden
15. Birthplace Bolckow (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mary O. Culver
(b) Address King City Mo R.R.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-40 (Month) (Day) (Year)
(c) Place: burial or cremation King City Mo
18. (a) Signature of funeral director R. G. Taggart
(b) Address King City Mo
19. (a) Oct. 5, 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 4 day
year 1940 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct 2, 1940, to Oct 4, 1940
that I last saw him alive on Oct 4, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage cerebral	48 hrs
Due to Art. Scler.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature L H Fuson (M. D. or other) MD
Address Kirkpatrick Bldg ST. JOSEPH Date signed 10-5-40

(Licensed Embalmer's Statement on Reverse Side)

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 R. G. Taggart

Licensed Embalmer No. 25-63-

P. O. Address King City Mo

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

If this body is not embalmed, fact should be so stated above.