

No. 2  
13-40  
17-39

DEC 16 1940

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 368

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 724 West 7th St.  
(If not in 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 ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State Sedalia (b) County Jacks  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 724 W 7th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17  
year 1940 hour 3 minutes 50 M.  
21. I hereby certify that I attended the deceased from Nov 16  
\_\_\_\_\_ 1940 to Nov 17 1940;  
that I last saw him alive on Nov 17 1940;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Septic Chorea Duration 72 hrs

Due to \_\_\_\_\_  
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: N  
(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 Chas. T. Cullom (M. D. or other) \_\_\_\_\_  
Address Sedalia, Mo. Date signed Nov 19, 1940

3. (a) PRINT FULL NAME Charles Tillman Cullom

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

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

6. (b) Name of husband or wife Maude Cullom 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 18 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Green Ridge Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Hancock Life Insurance Co.

12. Name James Richard Cullom

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

14. Maiden name Sarah Fannehill

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

16. (a) Informant Mrs. Chas. T. Cullom  
(b) Address Sedalia, Mo. 724 W. 7th St.

17. (a) Burial (b) Date thereof Nov. 20/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home  
(b) Address Sedalia, Mo.

19. (a) 11-19-40 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 12-16-40

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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..... *Geo. Dillard*.....

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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, fact should be so stated above.**