

No. 2
13-40
17-39

S. S. No. 714-05-7426

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **42173**
Registrar's No. **188**

JAN 8 1941
Registration District No. **198**

Primary Registration District No. **3011**

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months 26 days
(Specify whether years, months or days)

In this community 4 months 26 days

3. (a) PRINT FULLNAME CULLEN, James E.

3. (b) If veteran, name war World War

3. (c) Social Security No. 714-05-7426

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband~~ wife Florence Cullen

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

7. Birth date of deceased May 1 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>7</u>	<u>28</u>	hr. min.

9. Birthplace Eutaw Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Express Chauffeur

11. Industry or business Railway Express

12. Name John I. Cullen

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

14. Maiden name Elizabeth Collins

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

16. (a) Informant Hospital Records, Veterans Adm.

(b) Address Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-29-40
(Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Claud Prichard

(b) Address Excelsior Springs, Mo.

19. (a) 12-20-1940 (Date received local registrar) (b) Muskie M. Cracken (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2741 Gillham Road
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29 year 1940 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from August 3, 1940 to December 29, 1940; that I last saw him alive on December 29, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency and myocardial fibrosis. Duration

Due to Aortic insufficiency and severe Aortitis

Due to Arteriosclerosis

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

Major findings: None

Of operations None

Of autopsy Cardiac enlargement, Myocardial Fibrosis & Severe Aortitis

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) None

(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 Clare R. Cracken (M. D. or D. O.)
Address Excelsior Springs, Mo. Date signed 12-29-40

RECEIVED
District Health Officer No. 8
District File Number
17-3-41

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

Robert Ray

Licensed Embalmer No. 4182

P. O. Address. Excelsior Springs, 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.