

REG. DIST. NO. 072

Primary Registration District No. 1-151-A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon
 (b) "City or town" Rural Raymond Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Raymond township
(If not in hospital of institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 65 yrs
years, months or days

3. (a) PRINT FULL NAME Joseph Henry McCullough

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Molly McCullough 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased Jan 24, 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 21 If less than one day _____
hr. min.

9. Birthplace Jasper Co. Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business Farm

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant St J McCullough

(b) Address Nebraska R 3

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

(c) Place: burial or cremation Moore cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(Specify type of place)
 (b) Address Nebraska, Mo
(c) Means of injury

19. (a) Dec 27 1940 (b) Mrs R. N. Carr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Rt #3 Nevada, Mo
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15,
 year 1940 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw h _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Old very sudden

Due to Heart Failure

Due to no M.D. in charge
deceased

Other conditions 100% R. now.
(Includes pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

Duration

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? _____

23. Signature M. E. Ferry 795
(Specify type of place) (e) Means of injury

Address Nebraska Mo Date signed 5

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

RECEIVED

District Health Officer No. 7,

District File Number 1-41-158

Date Filed 1-20-41

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.....

Lloyd B. Winick
Licensed Embalmer No. 3857

P. O. Address Meadow, M

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

If this body is not embalmed, above space should be left blank.