

No. 2  
13-40  
17-39  
X22159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3743

State File No.

Registration District No. 608

Primary Registration District No. 5872

Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Pemiscol  
 (c) City or town Steele mo 81  
 (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? 0 years.

3. (a) PRINT FULL NAME John Wesley McCullough  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 1-18 day Jan  
 year 1941 hour 8-30 minute PM

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Era 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased 5<sup>th</sup> day Feb 1872  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept., 1935 to Jan 17, 1941  
 that I last saw him alive on Jan 16, 1941  
 and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 11 Days 13 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Chronic Nephritis  
 Due to degeneration of heart + high blood pressure  
 Due to \_\_\_\_\_

9. Birthplace Newbern Tennessee  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) 12/10

11. Industry or business \_\_\_\_\_  
 12. Name William R McCullough  
 13. Birthplace Newbern Tennessee  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Clotilda Doyin  
 15. Birthplace Newbern Mo, U  
 (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Mrs O. A. Blackwell  
 (b) Address Steele Mo  
 17. (a) Burial (b) Date thereof Jan 19 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Newbern Mo

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?  
597 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director W. S. Robinson  
 (b) Address Steele Mo  
 19. (a) 2/19/41 (b) S. B. Robinson  
 (Date received local registrar) (Registrar's signature)

23. Signature J. W. Robbins (M. D. or other) D  
 Address Steele Mo Date signed \_\_\_\_\_

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

368

78000

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

56  
2-41-56

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**