V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7732

State File No.

FILED MAR 20 1941

Registration District No. 25

Primary Registration District No. 5827

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 [illegible]
(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 Mo. (b) County Nodaway 74

(c) City or town Maryville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME SAMUEL HARMON 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 1 married

6. (b) Name of husband or wife Martha Ellen Culver.

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct. (Month) 6 (Day) 1866 (Year)

8. AGE: Years 74 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Near Braddyville 1 Iowa. (City, town, or county) (State or foreign country) In Missouri.

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name Wakefield E. Culver.
13. Birthplace — 1 N.Y. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maria Davison.
15. Birthplace — 1 Kent. (City, town, or county) (State or foreign country)

16. (a) Informant Fred Culver
(b) Address Hopkins

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation Workman Chapel

18. (a) Signature of funeral director John W. Price
(b) Address Maryville Mo

19. (a) 2-14-41 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1941 hour 10 minute a.M.

21. I hereby certify that I attended the deceased from Oct 1, 1940 to Feb 10, 1941
that I last saw him alive on Feb 8, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cler Endocarditis	2
Cler Myocarditis	3
~~Due to~~ Cler Nephritis	
Due to	
Other conditions Senility 131	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 B. F. Byland (M. D. ~~[illegible]~~) M.D.
Address Burlington Jct Mo Date signed 2/13/41

(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.....

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, above space should be left blank.