

S. No. 2  
-4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20786

State File No. ....

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2316

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

1. PLACE OF DEATH: JACKSON

(a) County JACKSON

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

(c) Name of hospital or institution: 111 S. Denver  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 111 S. Denver  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ROBERT CLAYTON MCCULLOCH

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
year 1941 hour 6 minute 0 A. M.

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

21. I hereby certify that I attended the deceased from May 1938  
to June 15, 1941  
that I last saw him alive on June 15, 1941  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Annie Logue 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased April 25, 1862  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

8. AGE: Years 79 Months 1 Days 20 If less than one day hr. min.

Due to Arteriosclerosis

Due to Age

Other conditions 9311  
(Include pregnancy within 3 months of death)

9. Birthplace Booneville Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations no Of autopsy no

PHYSICIAN —  
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired watchman

11. Industry or business Water Dep't, K. C. Mo.

MOTHER FATHER { 12. Name Spottswood McCulloch

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie McCulloch

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

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

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd. K. C. Mo.

23. Signature W. J. Carbett M.D. (M. D. or other) 0

Address 329 Westport Ave. Kansas City Mo. 11/14

St. Charles, A.

Dr. Caldwell

**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.....

*[Handwritten Signature]*

Licensed Embalmer No.....

*2244*

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.**