

3-2
3-40
7-39
X23159

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Tracy & Elliott
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 2
(If outside city or town limits, write "RURAL")
(d) Street No. Tracy & Elliott 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1941 hour 10⁰⁰ minute 4 M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him did not see him alive alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to Arterio Sclerosis

Due to Cerebral hemorrhage

Other conditions _____ (Include pregnancy within 3 months of death) 93W

Major findings: _____ Of operations _____

Of autopsy _____

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 3

Signature R. V. Webster (M. D. or other) _____

Address Carthage Mo Date signed June 27

3. (a) PRINT FULL NAME John McCulley

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased November XX 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months no data Days _____ If less than one day hr. _____ min. _____

9. Birthplace no data Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation common laborer

11. Industry or business _____

12. Name Joe McCulley

13. Birthplace no data 9 no data
(City, town, or county) (State or foreign country)

14. Maiden name no data

15. Birthplace no data 9 no data
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Coons

(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof 6 / 28 / 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Wedge - Nelson

(b) Address Webb City, Mo.

19. (a) JUNE 28, 41 (b) R. V. Webster
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

41-7-584

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. 20859

P. O. Address Webb Street

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.