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FILED AUG 18 1941

State File No.

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: 411 So Clark
(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 Missouri (b) County Randolph

(c) City or town Moberly 3
(If outside city or town limits, write "RURAL")

(d) Street No. 411 So Clark
(If rural, give location)

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

3. (a) PRINT FULL NAME T. Arthur McCully

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th
year 1941 hour 10 minute 55 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 12th 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 1939 to July 14th, 1941; that I last saw him alive on July 14th, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

60 4 2 hr. min.

Immediate cause of death Subarachnoid hemorrhage

Due to Arteriosclerosis

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

10. Usual occupation Retired W.P.A

Due to _____

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

11. Industry or business _____

12. Name Thomas McCully

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

14. Maiden name Matilda Fowler

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

Major findings: _____
Of operations _____

Of autopsy no

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

16. (a) Informant Mrs Lula McCully
(b) Address Moberly Mo

17. (a) Burial (b) Date thereof July 16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Malvan Anderson
(b) Address Moberly

19. (a) July 16-41 (b) Pearl Thelma
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Meigel (M. D. or other) D
Address Moberly Mo Date signed 7-16-41

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-41-1513

Date Filed AUG 15 1941

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, Mo

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, fact should be so stated above.