No. 2
—1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42549

State File No. .....

Registration District No. 592 Primary Registration District No. 4350 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Montgomery C.T.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Infirmy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Montgomery
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME David B. Cullom
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan 29 th 1854 (Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Warrenton Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name William Cullom
13. Birthplace Warren Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emily Jones
15. Birthplace Kentuckey (City, town, or county) (State or foreign country)
16. (a) Informant John T. Cullom
(b) Address Mount Olive Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/41 (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City Cem
18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1941 hour ..... minute 10pm M.
21. I hereby certify that I attended the deceased from Dec 3 1941 to Dec 24 1941; that I last saw him alive on Dec 21 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	4 years
Due to: Prostatism c̄ Urinary Retention	1 mo
Due to: Generalized Arteriosclerosis	4 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 93d

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

23. Signature E. J. T. Anderson M.D. (M. D. or other) M.D.
Address Montgomery City, Mo Date signed 12/26/41

522 (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 on the 24 day of Dec 1941, Registered Apprentice No. ..... working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42549

Registration District No. 592 Primary Registration District No. 4350 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Montgomery
(b) City or town: Monty. City.
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: David B. Cullom
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: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Jan. 29 (Month) 1859 (Day) (Year)
8. AGE: Years 87 Months 10 Days 25 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 12-29-1941 (Date received local registrar) (b) Mrs O E Vandaree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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
23. Signature (M. D. or other)
Address Date signed