No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2509

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

**1. PLACE OF DEATH:**
(a) County Jasper
(b) City or town Joplin City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days. (Specify whether
In this community 28 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Jasper
(c) City or town Joplin Mo; 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1878 Kensington Ave. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No 0

3. (a) PRINT FULL NAME Ethelbert H. Cullison;
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Marguerite Cullison
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept 10, 1871 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 70 | 3 | 25 | hr. min. |

9. Birthplace Bedford Indiana; (City, town, or county) 1 (State or foreign country)
10. Usual occupation retired lawyer
11. Industry or business Justice Of The Peace;
FATHER
12. Name Annias Cullison
13. Birthplace No Record (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Lowder
15. Birthplace no record (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Marguerite Cullison
(b) Address 1878 Kensington Ave. Joplin Mo;
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo
19. (a) 1-7-42 (Date received local registrar) (b) W. J. Jones (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. 4, day 1942;
year hour 7-00 A.M. minute M.
21. I hereby certify that I attended the deceased from Oct 10, 1941, to Jan 4, 1942
that I last saw h. alive on Jan 2, 1942
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chr myocarditis | ? |
| Due to arterio Sclerosis | |
| Due to | |
| Other conditions Chr. neuritis of arms (Include pregnancy within 3 months of death) | 2 Mo. |

Major findings:
Of operations 93d
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 0
23. Signature James A. O'Brien (M. D. or other) M. D.
Address 614 Frisco Bldg Joplin Mo Date signed Jan 7-1942

(Licensed Embalmer's Statement on Reverse Side)

42-1-54

## 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 Steve D Parker

Licensed Embalmer No. 3548

P. O. Address Joplin mo

**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.**