

**FIRE** MAY 13

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 225 N. Washington  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. no  
(Specify whether years, months or days)

In this community 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia  
(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 1

3. (a) PRINT FULL NAME SALLIE FRANCES CULBERTSON

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Wm. S. Cuddyson 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased Feb 5 1850  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>2</u>	<u>13</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Miss M. King

13. Birthplace 1126  
(City, town, or county) (State or foreign country)

14. Maiden name Armelia Hubbard

15. Birthplace 1126  
(City, town, or county) (State or foreign country)

16. (a) Informant Martha E. Gales

(b) Address Columbia, Mo.

17. (a) Removal (b) Date thereof April 19, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo.

18. (a) Signature of funeral director Barber's  
(b) Address Columbia, Mo.

19. (a) April 18, 1942 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18  
year 1942 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from 4-14 to 4-18, 1942  
that I last saw her alive on 4-17, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
Uraemic

Due to Chronic Cardiovascular - Renal disease

Due to .....

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy None

Duration

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? .....

23. Signature E. C. Peeler (M. D. or other) MD  
Address Columbia Mo Date of signature 4/18/42

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

12  
1  
2

1069

RECEIVED

District Health Officer No. 7,

District File Number 5-42-455-

Date Filed 5-6-42

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 Chas. [Signature]  
Licensed Embalmer No. 4328  
P. O. Address Columbia, Md.

**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.**