

S. No. 2
M-9-4-41
v. 5-17-39
PI X29484

31011

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 61

FILED OCT 13 1942
Registration District No. 653267

Primary Registration District No. 43903049

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti
(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
In this community 46 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Hayti
(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 FRANCES KULLMAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Kullman 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased June 17, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Mead Co., Ky.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Housewife
11. Industry or business _____

MOTHER FATHER
12. Name Elbert Brown
13. Birthplace Mead Co., Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Malissa Granwell
15. Birthplace Mead Co., Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant George Kullman
(b) Address Caruthersville, Mo.
17. (a) Burial (b) Date thereof 9-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director LaForge Und. Co.
(b) Address Caruthersville, Mo.
19. (a) 9-10-42 (b) Mr. A. H. Shirk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 9th
year 1942 hour 8 minute 20P. M.

21. I hereby certify that I attended the deceased from June 10, 1942 to Sept. 9, 1942
that I last saw or alive on July 10, 1942 or Aug. 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic carcinoma involving intestines.

Due to _____
Due to _____
Other conditions 468
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 Dr. Shirk (M. D. or other) _____
Address Caruthersville, Mo. Date signed 9/14/42

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

10-42-16 opal
Mrs. Roy McElroy
Registrar Vital Statistics
% Shirey's Clinic
Hayti, Mo

200

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 J. S. Schuman
Licensed Embalmer No. 4086
P. O. Address Caruthville

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.