

FILED NOV 5 1942 116

Registration District No. Primary Registration District No. 3020

36
26
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH

(a) County Franklin

(b) City or town Washington Mo

(c) Name of hospital or institution: St. Francis 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 20 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Harold
(If outside city or town limits, write "RURAL.")

(d) Street No. RR #1
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country A

3. (a) PRINT FULL NAME JOHN McCULLOUGH

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 married

6. (b) Name of husband or wife Anna McCullough 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Dec 12 1868
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>73</u> | <u>9</u> | <u>23</u> | hr. min. |

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

10. Usual occupation farming

11. Industry or business

MOTHER FATHER

12. Name John H. McCullough

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

14. Maiden name Mary Ann

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

16. (a) Informant Sister Pauline O.S.F.
(b) Address Washington Mo

17. (a) BURIAL (b) Date thereof Oct 7th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Church

18. (a) Signature of funeral director E J Meyer
(b) Address St Paul Church

19. (a) Oct 6-42 (b) Luelle Ruether
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 5 day 5
year 1942 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from Oct 2 to Oct 5, 1942
that I last saw him alive on Oct 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary abscess
Duration 4 weeks

Due to

Due to

Other conditions 114d
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____
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 MI

23. Signature Frank E. Mays (M. D. or other) MD
Address 31 N 4th Washington Mo Date signed 6-5-42

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 me

Registered Apprentice No.

working under my personal supervision.

Signed

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address Queensbury, N.Y.

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.