S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5324

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1105

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: ~~Home~~ 1528 Cypress.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 23 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1528 Cypress
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John B. Mc Cullough

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 19th (Day), 1858 (Year)

8. AGE: Years ~~85~~ 84 Months 11 Days ~~16~~ 14 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky. (State or foreign country) 1

10. Usual occupation Pensioner

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknouwn
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant James A. Dourghty
(b) Address 1528 Cypress

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March (Month) 5 (Day) 43 (Year)
(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director Rose & Henderson
(b) Address K. C. Mo.

19. (a) 3-4-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd, year 1943 hour 8 minute 35 A. M.

21. I hereby certify that I attended the deceased from Feb 25 1943, to Mar 3 1943, that I last saw him alive on Mar 2nd 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio-Pneumonia — Duration 7 days

Due to Cardiac asthma

Due to Chronic nocarditis 9325

Other conditions
(Include pregnancy within 3 months of death)
W R Forster M D.

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 W R Forster M D (M. D. or other)
Address 1528 Lister Date signed 3/3/43

(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 .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed John B. Earp

Licensed Embalmer No. 29155

P. O. Address K.C. 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.