

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAY 8 1943
Registration District No. 78

Primary Registration District No. 4159

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Daviess

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

(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 15 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess

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

(d) Street No. _____ (If rural, give location) NO

(e) Citizen of foreign country? _____ (Yes or No) NO
If yes, name country _____

3. (a) PRINT FULL NAME Nettie Mc Culley

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Darius Mc Culley (Decd)

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

7. Birth date of deceased June 15 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>6</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Jacob Musselman

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

14. Maiden name Permelia Million

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

16. (a) Informant Mrs Etta Mc Caskey

(b) Address Pattonsburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I 3 43
(Month) (Day) (Year)

(c) Place: burial or cremation Muddy Cemetary Daviess Co, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Pattonsburg, Mo.

19. (a) 4-15-1943 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31
year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 31st - 1942 to Dec 31st 1942
that I last saw her alive on Dec 31 and that death occurred on the date and hour stated above.

Immediate cause of death Steno paralyticus

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 122 lb 2

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address Jameson Map Date signed 4/15/43

Duration 7 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Ed Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.