

S. No. 2
4-9-44
7-5-17-38
P. I. X-58

22586

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. 349

Primary Registration District No. 4514

105
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C
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Green City Mo.
(c) Name of hospital or institution:
Green City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Sullivan
(c) City or town Green City
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jacob E. McCully
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month June day 6th
year 1943 hour 10:00 minute P M.
21. I hereby certify that I attended the deceased from Jan 15 1943 to JUNE 6 1943
that I last saw him alive on JUNE 5 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race w. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lida 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased: 4 (Month) 27 (Day) 1869 (Year)

Immediate cause of death ANGINA PECTORIS
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
74 0 9 hr. _____ min.

9. Birthplace Sullivan Mo.
10. Usual occupation Farmer Retired
11. Industry or business _____
12. Name Jacob E. McCully
13. Birthplace Ohio
14. Maiden name Larica Farrell
15. Birthplace _____

16. (a) Informant Ola Causter
(b) Address Green City, Mo.
17. (a) Burial (b) Date thereof June 10, 1943
(c) Place: burial or cremation Green City, Mo.
18. (a) Signature of funeral director Glenn E. Taylor & Son
(b) Address Green City, Mo.
19. (a) July 4, 43 (b) Ummie Davidson

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 _____ (Specify type of place)
23. Signature [Signature] (M.D. or other) _____
Address Green City, Mo. Date signed 6-8-43

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

1212

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 - 1943

RECEIVED

District Health Officer No. 10

District File Number 7-43-1148

Date Filed JUL 6 1943

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.