

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1330  
Registrar's No. 5652

FILED JAN 19 1944/49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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:  
1815 Harrison  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1815 Harrison  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HATTIE CULVER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James Culver 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 22, 1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 6 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Lasyene, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Rooming House

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Willis Johnson  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Marley Brown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Fields  
(b) Address 1815 Harrison

17. (a) Burial (b) Date thereof 1/3/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation, Highland Cemetery  
(d) Signature of funeral director W. H. Brown

(e) Address 1729 Lydia Avenue

19. (a) Dec 31, 1943 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 28, Tuesday  
year 1943 hour 12:00 minute \_\_\_\_\_  
21. I hereby certify that I attended the deceased from 12-26-43  
to 12-28-43, 1943  
that I last saw h alive on 12-28-43, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Bronchopneumonia. Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 107

Other conditions no  
(Include pregnancy within 3 months of death)

Major findings: Of operations renal renal  
Of autopsy no no  
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) no no  
(b) Date of occurrence no no  
(c) Where did injury occur? no no  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
no no no  
While at work? no (Specify type of place) (e) Means of injury no

23. Signature Henry B. Brown (M. D. or other) no  
Address 1005-18-18 Date signed 12-29-43

*Dr. R. J. Jones*

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**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. Manlove*  
.....  
Licensed Embalmer No. *3994*

P. O. Address *2083 Highland*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**