S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

Registration District No. 5

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

State File No. 14355

Registrar's No. 156

1. PLACE OF DEATH:

(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(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: 10 hours (Specify whether years, months or days)
In this community: 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No.: 18 South Benton Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Jess Wilson 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: Dorothy Walker

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

7. Birth date of deceased: April (Month) 3rd (Day) 1891 (Year)

8. AGE: Years 53 | Months 0 | Days 15 | If less than one day: hr. min.

9. Birthplace: Burfordville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Supt. of Streets repairs

11. Industry or business: for Cape Girardeau, Mo.

FATHER
12. Name: Marshall McCullough
13. Birthplace: Oak Ridge (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Francis A. Henley
15. Birthplace: Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Dorothy McCullough
(b) Address: Cape Girardeau, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-19-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Lorimier Cemetery

18. (a) Signature of funeral director: L. L. Haman
(b) Address: Cape Girardeau, Missouri

19. (a) 7-9-44 (Date received local registrar) (b) A. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18 year 1944 hour 3:30 minute a. M.

21. I hereby certify that I attended the deceased from 8/5/43, 19__, to 4/18/, 1944, that I last saw him alive on 4/18/, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 9321	
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: O. Leskau Jr. (M.D. or other)
Address: Cape Girardeau, Mo. Date signed: 5-8-44

1014

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1945

RECEIVED

District Health Officer No. 4

District File Number 544-382

Date Filed 5-13-4

APR 5 1945

MAY 29 1944

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 Howard L. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.