

FILED SEP 13 1944

State File No. \_\_\_\_\_

Registration District No. 342

Primary Registration District No. 6153

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Bell 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 Harrison M. Cullley

3. (b) If veteran, name war None

3. (c) Social Security No. 497-05-0199

20. DATE OF DEATH: Month June day 17  
year 1944 hour 1:20 minute AM M.

21. I hereby certify that I attended the deceased from June 17 1944, to June 17 1944,  
that I last saw him alive on June 17 1944,  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

(b) Name of husband or wife Ida M. Cullley 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Feb. 28, 1899  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

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

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

Other conditions (include pregnancy within 3 months of death) gfa

8. AGE: Years 55 Months 3 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Ball City MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Laborer

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

MOTHER FATHER { 12. Name Ida M. Cullley

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

14. Maiden name Rosa Bell

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant Ida M. Cullley

(b) Address Bell City, Mo.

17. (a) Burial (b) Date thereof June 18, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cressent Grove

18. (a) Signature of funeral director Lloyd S. Morrison

(b) Address Advance, Mo.

19. (a) June 29, 1944 (b) M. R. Throve  
(Date received local registrar) (Registrar's signature)

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 E. C. Masters (M. D. or other) Doc  
Address Advance, Mo. Date signed June 17, 1944

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

13  
0  
0

RECEIVED

District Health Office No. 2,

District File Number 94-1236

Date Filed 9-11-44

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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.....

Lloyd S. Morgan....., Registered Apprentice No.....  
working under my personal supervision.

Signed Lloyd S Morgan

Licensed Embalmer No. 3261

P. O. Address Advance, 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.**