V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33083

State File No. 33083

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 4354

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~~: ST. JOSEPH HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 10 - DAYS (Specify whether years, months or days)

In this community 42 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 47 (If outside city or town limits, write "RURAL")

(d) Street No. 5526 HOLMES STREET (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Culbertson, Mrs. Elizabeth

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or ~~wife~~ MR. STEPHEN CULBERTSON

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

7. Birth date of deceased OCTOBER (Month) 8 (Day) 1886 (Year)

8. AGE: Years 58 Months 0 Days 20 If less than one day hr. min.

9. Birthplace SIBLEY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER 12. Name ALBERT ROBERTSON

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

MOTHER 14. Maiden name ANGELINE HAMILTON

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

16. (a) Informant Mrs. Thomas J. Stotts

(b) Address 5527 Holmes Street

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 19 1944 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ SIBLEY, MO.

18. (a) Signature of funeral director D. H. Nelvomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 10-30-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 28TH year 1944 hour 10 minute 25 A. M.

21. I hereby certify that I attended the deceased from Pathologist, 19..; that I last saw h.. alive on, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the ovary	
Due to	
Due to 49 a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations as above

Of autopsy as above

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 Jennie Sherwood (M. D. or other) 10-28-44

Address Pathologist Date signed St. Joseph Hosp., K. C., Mo.

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(Licensed Embalmer's Statement on Reverse Side)

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. H. C. Newcomer Jr

Licensed Embalmer No. 2045

P. O. Address. K. C. 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.