S. No. 2
0M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40052

FILED JAN 11 1945

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 5278

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: IN AMBULANCE EN ROUTE TO MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 0 MINUTES (Specify whether years, months or days)

In this community LIFE 3

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. 7841 PROSPECT AVENUE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HAMLIN RALPH CULVERHOUSE

3. (b) If veteran, name war 4N-01-4703

3. (c) Social Security No. 486-01-4703

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. IDA CULVERHOUSE

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased NOV (Month) 27 (Day) 1904 (Year)

8. AGE: Years 40 Months 0 Days 27 If less than one day hr. min.

9. Birthplace KANSAS CITY (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation DIE MAKER

11. Industry or business RUPERT DIE CASTING CO.

FATHER
12. Name RALPH C. CULVERHOUSE
13. Birthplace FAIRVIEW (City, town, or county) KANSAS (State or foreign country)

MOTHER
14. Maiden name MARY POWELL
15. Birthplace PALMERO (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs Ida Culverhouse
(b) Address 7841 Prospect

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEM.

18. (a) Signature of funeral director N. Schumers Sons
(b) Address 1406 Brush Creek Blvd.

19. (a) 12-27-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 27th year 1944 hour minute A.M.

21. I hereby certify that I attended the deceased from for several years 19 to 19 that I last saw him alive several months ago and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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 G. Wilmann (M.D. or other)

Address 424 Railway Exchange Bldg. Date signed 12/28/44

(Licensed Embalmer's Statement on Reverse Side)

424 Professional Bldg

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. 4043

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.