

FILED APR 15 1945 31 Primary Registration District No. 54575470

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Shundy

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

(c) Name of hospital or institution: Myers Sup. 1
(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 Mo (b) County Shundy

(c) City or town Spickard (Rural) MO
(If outside city or town limits, write "RURAL")

(d) Street No. Myers Sup.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GILBERT FLIHUGH Mc CULLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9
year 45 hour 7 minute 30 P.M.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Annie Mc Culley

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 4 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb - 4 - 1945 to 4 - 9 - 1945
that I last saw him alive on 3 - 10 - 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 11 Days 5
If less than one day _____ hr. _____ min.

Immediate cause of death Chronic myocarditis Duration 10 yrs

Due to _____

Due to 93d

9. Birthplace Shundy Co Mo 13
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Stockman

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Michael Mc Culley

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Henderson

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

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? _____

16. (a) Informant Mrs Annie Mc Culley

(b) Address Spickard Mo

17. (a) Burial (b) Date thereof 4/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berry Cemetery

18. (a) Signature of funeral director P.K. Payne

(b) Address East mo

19. (a) 4/15/45 (b) John P. ...
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury 500

23. Signature W. Wise (M. D. or other) 1

Address Spickard Mo Date signed 4/10/45

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.....

P. K. Payne Jr

Licensed Embalmer No.....

9400

P. O. Address.....

Galt

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.