

S. No. 2
DM-5-43
v. 5-17-39
I X36671

State File No.

FILED OCT 8 1945

Registration District No. 149

Primary Registration District No. 10.02

Registrar's No. 3950

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
None - 1125-20-75th Terr
(If not in hospital or institution, write street number and location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson⁴⁸

(c) City or town Keokuk³
(If outside city or town limits, write "RURAL")

(d) Street No. 1125-20-75th Terr⁸
(If rural, give location)

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

3. (a) PRINT FULL NAME Lucy May McCullough

3. (b) If veteran, name war: no

3. (c) Social Security No. none

4. Sex fe 1 | 5. Color or race wh

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

6. (b) Name of husband or wife Paul W. 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased: June 5 - 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	3	18	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1945 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9-23-45 to 9-23-45 that I last saw h ER alive on 9-23-45 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to	Duration
Due to	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy	

MOTHER FATHER

9. Birthplace Keytesville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Jacob L. Stiner

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

14. Maiden name Nancy Kellerman

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

16. (a) Informant Paul W. McCullough

(b) Address 1125-2075- Terr

17. (a) Burial (b) Date thereof Sept 26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Monah

18. (a) Signature of funeral director Mrs CR Fonten

(b) Address 918 Brooklyn

19. (a) 9-25-45 A Geraldine Holmes
(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) (c) Means of injury _____

23. Signature J. H. Hodgson (M. D. or other) MD
Address 200 Playa Med Bldg Date signed 9-24-45

80815D
97/10/10
2.10.10

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 Joe B. Yoder
Licensed Embalmer No. 4173
P. O. Address KC 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.