

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30844

FILED OCT 10 1945

State File No.

Registration District No. 167

Primary Registration District No. 5606

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
Route #5, Holden, Mo. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #5, Holden, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT WILLIAM HOLT MCCULLOUGH
FULL NAME

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Martha Ellen McCullough 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased November 30, 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87	9	18	hr. min.
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9. Birthplace Excelsior Springs, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business same

MOTHER FATHER { 12. Name ~~George~~ George McCullough

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Ellen McCullough

(b) Address Route #5, Holden, Mo.

17. (a) Burial (b) Date thereof Sept 20, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Springs, Mo.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) Sept 20, 1945 (b) Mr. & V. Redford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18,
year 1945 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from Sept 17
1945, to Sept 18, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Duration

Due to Chronic Myocarditis

Due to

Other conditions 930
(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 9

23. Signature James H. Holmberg D.O.
Address Holden, Mo. Date signed 9/19/45

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

1511

(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.....

Samuel B. Pope

Licensed Embalmer No. *4044*

P. O. Address..... *Holden 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.