

Registration District No. 25 **FILED SEP 25 1945**

Primary Registration District No. 4372

1. PLACE OF DEATH:

(a) County NODAWAY

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

(c) Name of hospital or institution: 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 2 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway ⁷⁴

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

(d) Street No. _____ (If rural, give location) ⁰

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

If yes, name country _____

3. (a) PRINT FULL NAME Lemuel Culver

3. (b) If veteran. _____ name war. _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1945 hour 7 minute 45 M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth

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

7. Birth date of deceased April 11 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 20 1944 to Sept 7 1945 that I last saw him alive on Sept 4 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 4 Days 23 If less than one day _____ hr. _____ min.

Immediate cause of death Cancer of nose ^{3 yrs}

9. Birthplace Nodaway County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Due to _____

Due to _____

11. Industry or business _____

MOTHER FATHER { 12. Name Elen Culver

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

14. Maiden name Unknown

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

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

Major findings: Of operations NO

Of autopsy _____

16. (a) Informant Mrs Delta Brown

(b) Address Deadwood, So. Dak.

17. (a) BURIAL (b) Date thereof Sept 6 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ohio Cemetery, Burlington, Mo.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins, Mo

19. (a) Sept 6 1945 (b) Mrs W J Carpenter
(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)

(a) Means of injury _____

1269

23. Signature S. E. Wallace (M.D. or other) P.O.

Address Burlington, Mo. Date signed Sept 6 1945

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

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.....

myself....., Registered Apprentice No.....
working under my personal supervision

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins 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.