

S. No. 2
M-5-43
5-17-39
I X3667

FILED DEC 8 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. 65 Primary Registration District No. 2251 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Mendon (Rural) Mendon
(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 years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Chariton 21

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

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

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

3. (a) PRINT FULL NAME Anna Cullen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 13th day _____
year 1945 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from NOV 6
1945 to NOV 13 1945
that I last saw her alive on NOV 13 1945
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife William Cullen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 27 1873
(Month) (Day) (Year)

Immediate cause of death Acute coronary thrombosis (Terminal)

Due to Hypertension 10 yrs.

Due to _____

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

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

72	7	12	
----	---	----	--

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

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name James Oshaughnessy

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

14. Maiden name Catherine Mulholland (City, town, or county) (State or foreign country)

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

16. (a) Informant William Cullen

(b) Address Mendon Mo.

17. (a) T. Barrah (b) Date thereof 11/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph

18. (a) Signature of funeral director S. S. Lipard

(b) Address Mendon Mo.

19. (a) Nov 15-45 (b) mildred Boone
(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) L

(b) Date of occurrence L

(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) (e) Means of injury _____

23. Signature J.P. Fowler (City, town, or county) (State)
Address Brunswick, Mo. Date signed 11/14/45

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-7-48

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, ~~and by~~ _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed W. L. Shepard

Licensed Embalmer No. 3970

P. O. Address Meriden 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.