

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 91

Registration District No. 1 Primary Registration District No. 3000

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Community Nursing Home 4
(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 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox
(c) City or town Edina
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles William Cullers
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marie Baugher 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Jan - 31 - 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 20 _____ hr. _____ min.

9. Birthplace Knox City Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
12. Name George Cullers
13. Birthplace uk Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Anna Hoke
15. Birthplace uk Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. [Name]
(b) Address Edina, Missouri

17. (a) Burial (b) Date thereof March-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Deer Ridge, Lewis Co.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Missouri
19. (a) 3-22-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 21
year 1946 hour 4 minute 10 P M.

21. I hereby certify that I attended the deceased from March 7
1946 to March 21, 1946
that I last saw him alive on March 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypostatic pneumonia
Due to Hypertensive heart disease

Other conditions apoplexy 12 years ago
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 930

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 _____
23. Signature M. T. Suter or other DO
Address Warrensburg, Mo Date signed 3-21-46

Duration 1 week
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1001 N.E.

RECEIVED

District Health Officer No. 10

District File Number 4-46-81

Date Filed APR 19 1948

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 Kath Hudson

Licensed Embalmer No. 2415

P.O. Address Edina, Minn

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.