DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 17 1946

State File No. 14007

Registration District No. 263 Primary Registration District No. 5889 Registrar's No. ✓

1. PLACE OF DEATH:
(a) County: Ozark
(b) City or town: Rural Jasper Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near Gabelle / mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ozark 77
(c) City or town: Gabelle, rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: none

3. (a) PRINT FULL NAME: Pleasant Johnson McCullough
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Wid.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 7 (Day) 1857 (Year)
8. AGE: Years 88 Months 8 Days 22 If less than one day ..... hr. ..... min.
9. Birthplace: Douglas Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Waiter
11. Industry or business .....
MOTHER FATHER
12. Name: Thomas McCullough
13. Birthplace: unknown (City, town, or county) Tenn (State or foreign country)
14. Maiden name: Betty Raper
15. Birthplace: unknown (City, town, or county) Tenn (State or foreign country)
16. (a) Informant: P. C. McCullough
(b) Address: Gabella, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-30 (Month) 46 (Year)
(c) Place: burial or cremation: Gabella Cemetery
18. (a) Signature of funeral director: Keller Funeral Home
(b) Address: Grimesville, Mo. Missouri
19. (a) 3-30-1946 (Date received local registrar) (b) Mary E. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1946 hour 6 minute A.M.
21. I hereby certify that I attended the deceased from March 20, 1946 to March 29, 1946 that I last saw him alive on March 27, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Interstitial Nephritis	1 yr
Due to:	
Due to:	1 Month
Other conditions (Include pregnancy within 3 months of death): Myocardial decompensation	
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: 2

23. Signature: M. J. Haerman (M. D. or other)
Address: Grimesville, Mo. Date signed: 3/30/46

(Licensed Embalmer's Statement on Reverse Side)

24

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

RECEIVED
District Health Officer No. 6,
File Number 446-438
Date filed APR 12 1946

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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Gainesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—3-45
380

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 263 Primary Registration District No. 5889 Registrar's No. 9

1. PLACE OF DEATH:

(a) County: Ozark

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

(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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: Pleasant J. McCullough

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: widowed

6. (b) Name of husband or wife: Martha McCullough

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

7. Birth date of deceased: July 7 (Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 3-30-1946 (Date received local registrar) Mary F. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 29 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

14007