

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

State File No. _____

Registration District No. 263

Primary Registration District No. 1-889

Registrar's No. 2

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: _____
(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 23 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark

(c) City or town Isabella- rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Vera Linda McCullough

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1946 hour 1 minute _____ P. M.

3. (b) If veteran, --- name war. --- 3. (c) Social Security No. 11

21. I hereby certify that I attended the deceased from July 1 1946 to July 5 1946; that I last saw her alive on July 5 1946 and that death occurred on the date and hour stated above.

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

Immediate cause of death: Tuberc Stenosis with profressive obstruction gastric ulcers

Due to _____

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

Other conditions: Pulmonary Tuberculosis

(Include pregnancy within 3 months of death)

7. Birth date of deceased: September 21 1923
(Month) (Day) (Year)

8. AGE: Years 22 Months 9 Days 28 If less than one day _____ hr. _____ min.

Major findings: Of operations _____ Of autopsy 1/36

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

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? _____

10. Usual occupation Schoolteaching

11. Industry or business _____

12. Name Charley M. McCullough

13. Birthplace Ozark Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cordelia Coulter

15. Birthplace Taney Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charley M. McCullough
(b) Address Isabella Missouri

17. (a) Burial (b) Date thereof 7-23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Isabella

18. (a) Signature of funeral director Clint Kingbeard
(b) Address Gainesville, Mo. Funeral Home

23. Signature M. J. Sherman (M. D. or other) DD
Address Chambersville, Mo. Date signed 7/20/46

19. (a) 7-23-1946 (b) Mary F. Johnson
(Date received local registrar) (Registrar's signature)

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

26750

RECEIVED
District Health Officer No. 6,
District File Number 816-816
Date Filed AUG 2 - 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

J. W. Hutchinson
.....
Licensed Embalmer No.....

P. O. Address.....

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.