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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

207

State File No. _____

FILED FEB 5, 1947

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 207104

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days
(Specify whether
In this community 50 yrs 28 days
years, months or days)

3. (a) PRINT FULL NAME Edith Culp

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

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

6. (b) Name of husband or wife James Culp 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased May 14th, 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days II If less than one day — hr. — min.

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

10. Usual occupation House Keeper

11. Industry or business ✓

MOTHER FATHER { 12. Name Joseph Downs

13. Birthplace Jennings Co Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Payne

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

16. (a) Informant Josephene Bremmen

(b) Address 1925 South 10, St. Joseph Mo.

17. (a) Burial (b) Date thereof I/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Cem/Platte Co.

18. (a) Signature of funeral director Dearborn Davis

(b) Address Dearborn Missouri

19. (a) Jan 27, 1947 (b) Edith Culp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Edgerton Missouri
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1947 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-30, 1946 to Jan 25, 1947
that I last saw h-er alive on Jan 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation Duration 3 days

Due to Cerebral metastasis 2 wks

Due to Cancer of uterus 2 yrs

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

Major findings: Uterine Hydraps

Of operations _____
Of autopsy 48B

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury 0

23. Signature Paul Jorgensen (M. D. or other) _____

Address 58 Joseph, Mo Date signed 1-27-47

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

382

(Licensed Embalmer's Statement on Reverse Side)

FILED FEB 2 1913

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 *Reverian Davis*

Licensed Embalmer No. 4160

P. O. Address.....Dearborn 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.