

Registration District No. 56 1947

Primary Registration District No. 5237

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Wanda Springs RR. 5
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home Cedar Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar ²⁰

(c) City or town Wanda Springs mo
(If outside city or town limits, write "RURAL")

(d) Street No. H.R. 5 Cedar Twp. ⁰
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JAMES M. McCullick

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1947 hour 6 minute 30 P.M.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 4- 4 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 25 1947, to April 2 1947
that I last saw him alive on Apr. 2 1947
and that death occurred on the date and hour stated above.

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

84 0 0 hr. min.

Immediate cause of death Influenza

Due to Pneumonia-hemiplegia

Due to _____

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

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

10. Usual occupation Farmer

11. Industry or business Self

PHYSICIAN

Major findings: nothing

Of operations _____

Of autopsy no

Underline the cause to which death should be charged statistically.

12. Name Robert M. McCullick

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

14. Maiden name E. Lynn E. Lerner

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

16. (a) Informant Dorinda M. McCullick

(b) Address Wanda Springs mo

17. (a) Burial (b) Date thereof 4-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cedar Twp

18. (a) Signature of funeral director John Carthage

(b) Address Wanda Springs mo

19. (a) 4/5/47 (b) J. C. Brennan
(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) no

(b) Date of occurrence none

(c) Where did injury occur? none
(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 none

23. Signature J. W. Richardson (M. D. or other)
Address Wanda Springs mo Date signed Apr 5 1947

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.

Bridget Emb.
Signed.....

..... 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.