

No. 2
2-45
17-39
X47070

FILED AUG 19 1947

Registration District No. Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper Mo.
(b) City or town Jasper Mo.
(c) Name of hospital or institution: St. John's Hospital
(d) Length of stay: In hospital or institution (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME Marshall Lee McCullough

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased June 1 1947 (Month) (Day) (Year)

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

9. Birthplace Joplin Mo. U (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name D.L. McCullough

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

14. Maiden name Elizabeth Gateher

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

16. (a) Name of decedent D.L. McCullough (b) Address Webb City Mo.

17. (a) Place: burial or cremation (b) Date thereof 6/7/47 (c) Signature of funeral director

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

19. (a) 6-21-47 (b) Delores Sampkins

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(d) Street No. 415 W. Wood
(e) Citizen of foreign country? No (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1947 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from June 5 - 47 that I last saw him alive on June 5, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Premature 24 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 157

Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

Signature A. L. Crayton (M. D. or other) Address Joplin Mo Date signed 6/10/47

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

47-8-627

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 *T. H. H. H.*
Licensed Embalmer No. 2859
P. O. Address St. Louis City, 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.