S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1948

State File No. 4638

Registration District No. 1997   Primary Registration District No. 4218   Registrar's No. 38

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

1. PLACE OF DEATH:
(a) County Henry County,
(b) City or town Windsor, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Windsor Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two Days (Specify whether years, months or days)
In this community Thirty Five Yeers

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Johnson
(c) City or town Rural, Leeton, Mo. (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 Ira Ward Culley
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male,
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Jane Culley
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased August, 4th.Fourth, 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	6	18	hr. min.

9. Birthplace Murphyborough, Illinois. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James Culley,
13. Birthplace N.Y. Harbor, N.Y. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucinda Mecum,
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Kenneth Culley, Son.
(b) Address Leeton, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Leeton, Mo.
18. (a) Signature of funeral director R.A. Brauninger
(b) Address Warrensburg, Missouri.
19. (a) 2-17-48 (Date received local registrar) (b) R.R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th. year 1948 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb 9 48, 19 to Feb 12-48, 19;
that I last saw him alive on Feb 12 48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	
Due to Mitral Stenosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 [signature] (M. D. or other) DO
Address Windsor, Missouri, 2-14-48 Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1948

RECEIVED
District Health Officer No. 7
District File Number 1-48-101
Date Filed 3-24-48

JUN 26 1952

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed W. W. Brannings

Licensed Embalmer No. 3377

P. O. Address Wasilla, Alaska

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.