

REC'D DEC 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38909
Do not use this space.

1. PLACE OF DEATH
 (a) County Barry Registration District No. 29
 (b) Township Flatcreek Primary Registration District No. 5038 Registered No. 40
 (c) City Cassville, Mo. (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma A. Culver
 (a) Residence, No. Cassville, Mo. Barry County St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P. D. Culver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>8</u>	<u>17</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dominion of Canada

FATHER

13. NAME John Lee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dominion of Canada

MOTHER

15. MAIDEN NAME Mary Ann Pettit

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dominion of Canada

17. INFORMANT (NAME) Mrs. G. E. Culver
(ADDRESS) Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Westville, Ind. DATE Nov. 16, 1939

19. FUNERAL DIRECTOR (NAME) Horine-Culver
(ADDRESS) Cassville, Mo.

20. FILED 11-14 1939 Seaman
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1939, to Nov. 13, 1939, 1939
 I last saw her alive on Nov. 13, 1939. Death is said to have occurred on the date stated above, at 8:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Coronary Heart disease Date of onset _____

Other contributory causes of importance: 94 lb

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. D. Chandler M. D.
 30 (Address) Cassville, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2392

Date Filed DEC 4 1939

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,

J. C. Canada

, or by

Registered Apprentice No. 225, working under my personal supervision.

Signed *J. C. Calver*

Licensed Embalmer No. 3584

P. O. Address Cassville, 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, above space should be left blank.