

No. 2
11-10-39
5-17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16376

State File No. _____

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural - Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yr - 10 mos - 26 days
(Specify whether _____)

In this community _____
years, months or days

* 8. (a) PRINT FULL NAME Sally Williams ⁴⁵²

8. (b) If veteran, name war _____ 8. (c) Social Security No. Don't know

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Don't know 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Sept 13 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>7</u>	<u>2</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation House wife

11. Industry or business Home

MOTHER FATHER { 12. Name George Allen Culbertson

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

14. Maiden name Fern Hemming Way

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

16. (a) Informant Records State Hosp #3

(b) Address Nevada, Mo.

17. (a) Reburial (b) Date thereon Apr 17 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carthage

18. (a) Signature of funeral director Fickinger Funeral Home

(b) Address Nevada, Mo.

19. (a) April 15 - 1940 (b) Allen H. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 123 So Main St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1940 hour 1:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan. 1
1940 to April 15, 1940;
that I last saw her alive on Apr. 14, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____
Other conditions Deer Heart Disease - Arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy None Done
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? 7:05 (Specify type of place)
(e) Means of injury _____

23. Signature Russ H. Vetter (M. D. or other) _____
Address Nevada, Mo. Date signed 4-15-40

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

58

RECEIVED

District Health Officer No. 7,

District File Number 5-40-73

Date Filed 5-6-40

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

Wash Eickinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.