

FILED OCT 18 1940

Registration District No. **5665**

Primary Registration District No. **5765**

Registrar's No. **129**

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Rural Ohio Twp
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community One year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Rural Boylston Mo
(d) Street No. 0
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Jim Ella Culpepper

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

4. Sex Female 5. Color of race Col 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased August 22 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months _____ Days 22 If less than one day _____ hr. _____ min.

9. Birthplace East Prairie Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name James Culpepper

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

14. Maiden name Louteen Walker

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

16. (a) Informant James Culpepper

(b) Address Wyatt, Mo.

17. (a) Burial (b) Date thereof 9/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Charleston, Mo

19. (a) 9-18-40 (b) Frank A. Vernon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17th
year 1940 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Dr. Polomy has been treating 19 1940
that I last saw him alive in the hospital
and that death occurred on the date and hour stated above. Next Duration ✓

Immediate cause of death Bronchial Pneumonia

Due to _____

Due to _____

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

Major findings: Of operations _____

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? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 745

While at work? _____ (Specify type of place)

(e) Means of injury 5

23. Signature Frank A. Vernon (M.D. or other)

Address Charleston Mo Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

1072

RECEIVED

District Health Officer No. 2

District File Number 1040-150

Date Filed 10/3/40

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.

Not embalmed

Signature

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32582-**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **366**

Primary Registration District No. **5762**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Mississippi, Mo.**
(b) City or town **Ohio**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Jim Ella Culpepper**

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

4. Sex **M** 5. Color **col** 6. (a) Single, widow, married, divorced **S**

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **1** Months **22** Days If less than one day

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) **11-29-40** (Date received local registrar) (b) **F. Stemon** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Sept** day **17** year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death **bronchial pneumonia**

Due to **none**

Due to **none**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

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 (Specify type of place) Means of injury

23. Signature **Frank S. Stemon** (P. or other)

Address **Charleston, Mo.**

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

SUPPLEMENTARY

