

Registration District No. 838

Primary Registration District No. 6098B

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Stoddard  
 (b) City or town Deftes R. 4  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Lubentz Hosp  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town Deftes R. 4  
 (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.

8. (a) PRINT FULL NAME Mary Emma Culbertson  
 3. (b) If veteran, name war \_\_\_\_\_  
 8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 6th  
 year 1940 hour 11 minute 35 A.M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Married  
 6. (b) Name of husband or wife Arthur Culbertson  
 6. (c) Age of husband or wife if alive 61 years  
 7. Birth date of deceased: Feb. 11 1896  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 25 - 1940, to Dec - 6 - 1940  
 that I last saw h. u. alive on Dec - 4 - 1940  
 and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 9 Days 3  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Carcinoma of Bladder  
 Duration \_\_\_\_\_

9. Birthplace Zadock, Mo. Stoddard Co.  
 (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
 12. Name Louis Malone  
 13. Birthplace Ireland  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Anna Shannon  
 15. Birthplace Iowa  
 (City, town, or county) (State or foreign country)

Physician \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur Culbertson  
 (b) Address Deftes, Mo. R. 4.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Dec 8 1940  
 (Burial, cremation, or disposal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sadler Chapel

(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? \_\_\_\_\_

18. (a) Signature of funeral director Watkins Funeral Home  
 (b) Address Deftes, Mo.  
 19. (a) 1/8 1941 (b) Jennie Deblou  
 (Data received local registrar) (Registrar's signature)

23. Signature Frank Padue (M. D. or other) J.M.D.  
 Address Deftes Mo Date signed 1-1-41

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

*Lakere.*

RECEIVED

District Health Officer No. 2

District File Number 141-39

Date Filed 1/9/41

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.....

*Virgil H. Kelch*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Virgil H. Kelch*

Licensed Embalmer No. 4102

P. O. Address Dexter, Ma.

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, above space should be left blank.