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STANDARD CERTIFICATE OF DEATH

State File No. **31433**

FILED OCT 14 1941

Registration District No. 235

Primary Registration District No. 5320

Registrar's No. _____

1. PLACE OF DEATH: Dade
 (a) County: _____
 (b) City or town: Dadeville 3 Mo. Co.
 (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: _____ (Specify whether)
 In this community: 15 year years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Dade
 (c) City or town: Dadeville
 (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.

3. (a) PRINT FULL NAME: Melvin Jessie Culver
 3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____
 4. Sex: Male 5. Color: White 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Anna Culver 6. (c) Age of husband or wife if alive: 60 years
 7. Birth date of deceased: Oct. 1 1 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 9 day 28 year 1941 hour 4 minute _____ P. M.
 21. I hereby certify that I attended the deceased from Sept 25, 1941, to Sept 28, 1941.
 that I last saw him alive on Sept 28 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
 Duration: 3 days
 Due to: Senility
 Due to: Weak Heart
 Other conditions: _____
 (Include pregnancy within 3 months of death)

8. AGE: Years 83 Months 11 Days 28 If less than one day: _____ hr. _____ min.
 9. Birthplace: _____ (City, town, or county) (State or foreign country)
 10. Usual occupation: Farmer
 11. Industry or business: _____
 MOTHER FATHER { 12. Name: Emanuel Culver
 13. Birthplace: Unknown (City, town, or county) (State or foreign country)
 14. Maiden name: Mary Slater
 15. Birthplace: Unknown (City, town, or county) (State or foreign country)
 16. (a) Informant: Anna Culver
 (b) Address: Dadeville Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-30-41 (Month) (Day) (Year)
 (c) Place: burial or cremation: Rice Cemetery
 18. (a) Signature of funeral director: Erwin F. Dinsmore
 (b) Address: Dadeville Mo.
 19. (a) Oct 8 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (e) Means of injury: _____
 23. Signature: B B Kirby (M. D. or other)
 Address: Dadeville Date signed: 10-8-41

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

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.....

J. L. Dismurdie

Licensed Embalmer No. *3786*

P. O. Address *Dadeville, Ala*

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.