

FILED MAY 23 1942
Registration District No. _____

Primary Registration District No. 5348

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Rural Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 Miles S.W. Gallatin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31
(c) City or town Rural Union Township 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles S.W. Gallatin
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Margaret Piner Culver

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Wes Culver 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased December 26 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
.82 3 26 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Piner Creekmere

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

14. Maiden name Janett Ross

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

16. (a) Informant Mrs. Walter Johnson

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 4-23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCrary Cemetery

18. (a) Signature of funeral director Hope Burn, D. Ungt. (b) Address Gallatin, Mo.

19. (a) 4-23-1942 (b) J. O. Richesson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1942 hour 8 minute 30A M.

21. I hereby certify that I attended the deceased from Feb. 17
1942 to 4-16 1942
that I last saw her alive on 4-16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Surgical Neck of Femur (RO) Duration 2 Mos.
Due to Senile Dementia 1 Mo.
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
1960 15

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) Fracture Surg. Neck of Femur
(b) Date of occurrence 2-17-42 0317
(c) Where did injury occur? at her home Daviess Co. Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

(Specify type of place) (e) Means of injury fall

23. Signature Floyd E. Nelson (M. D. or other) 2. D.D.
Address Gallatin, Mo. Date signed 4-23-42

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.....

L. O. Ricksson

Licensed Embalmer No.....

3302

P. O. Address.....

Lallatin, 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, fact should be so stated above.