

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40117

State File No. ....

Registrar's No. 187

Registration District No. 10

Primary Registration District No. 3002

## 1. PLACE OF DEATH:

(a) County Audrain  
 (b) City or town Mexico  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
211 W. Jackson St. /  
 (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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4  
 (c) City or town Rual 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. Auxvasse 0  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME William L. Culver

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mollie S. Culver 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased February 15, 1872  
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
|         | 70    | 10     | 15   | hr. min.             |

9. Birthplace Guthrie County, Iowa /  
 (City, town, or county) (State or foreign country)

10. Usual occupation Famer

11. Industry or business.....

MOTHER FATHER  
 { 12. Name Leaman Culver  
 { 13. Birthplace Canada 2  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Martha Hill  
 { 15. Birthplace Ind. /  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mollie Culver(b) Address R.F.D. Auxvasse, Mo.

17. (a) Burial (b) Date thereof Jan. 1, 43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
Benton City, Mo.

(c) Place: burial or cremation

18. (a) Signature of funeral director Earl R. Pugh(b) Address Mexico, Mo.

19. (a) Dec-30-1942 (b) Margaret H. Machie  
 (Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30  
 year 1942 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Dec  
1941 to Dec 30, 1942  
 that I last saw him alive on Dec 23, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death

EndocarditisDue to Hypertension

Due to.....

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations

Of autopsy.....

Duration

PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

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 5

23. Signature Frank Jolley (M. D. or other) MD  
 Address Mexico, Mo. Date signed 12/31/42

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

RECEIVED

District Health Officer No. 10

District File Number

~~1-43-4164~~ 1-43-10

Date Filed

Jan-6-1943

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.....

Earl E. Precht

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

working under my personal supervision.

Signed.....

*Earl E. Precht*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.