No. 4
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5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 22 1943

Registration District No. 42

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 9591

Registrar's No. 267

**1. PLACE OF DEATH:**
(a) County: Buchanan
(b) City or town: St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether
In this community: abt 28 yrs. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo (b) County: Buchanan
(c) City or town: St Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: RFD #3 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: DON-PEDRO-CULVER.
3. (b) If veteran, name war: no
3. (c) Social Security No.: 487-09-119
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Mary
6. (c) Age of husband or wife if alive: 41 years
7. Birth date of deceased: Jan (Month) 19 (Day) 1901 (Year)

8. AGE: Years 42 | Months 1 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace: Bernard Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Emp of Armour & Co
11. Industry or business:
FATHER
12. Name: Emil Culver
13. Birthplace: Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Harris
15. Birthplace: Iowa (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Don Culver
(b) Address: RFD #3 St Joe Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof: Feb 22 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cem
18. (a) Signature of funeral director: Roy Flanery
(b) Address: St Joseph Mo
19. (a) 2-22-43 (Date received local registrar) (b) Rae Henzog (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 20 year 1943 hour 4:10 minute P M.
21. I hereby certify that I attended the deceased from Feb 19 1943, to Feb 20 1943, that I last saw him alive on Feb 20 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Uremia | 1 day |
| Due to: | |
| Due to: | |
| 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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: [illegible] (M.D. or other)
Address: Employee Dr Hosp Mo Date signed 2/24/43

(Licensed Embalmer's Statement on Reverse Side)

1253

## 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.....John Roy Stoney

Licensed Embalmer No. 19435

P. O. Address St. Joseph Mo

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

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

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88

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Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 267

**1. PLACE OF DEATH:**

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 28 yrs years, months or days)

**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) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Don Pedro Culver

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 19 (Day) 1901 (Year)

8. AGE: Years 42 Months 1 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
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) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 20
year 1943 hour minute M.

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

| | Duration |
|---|---|
| Immediate cause of death Uremia | 1 day |
| Due to Nephritis Acute | ? |
| Due to | |
| 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J M Allaman (M. D. or other)
Address St Joseph Mo Date signed

SUPPLEMENTARY