

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15708

Registrar's No. 23

Registration District No. 354

Primary Registration District No. 6198

1. PLACE OF DEATH:

(a) County Texas  
(b) City or town Rural Cass 7 mi. W. of Joplin  
(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 50 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas  
(c) City or town Rural near Joplin (Cass Sup.)  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country

3. (a) PRINT FULL NAME Ellsworth Abraham Culler

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or Face W. 6. (a) Single, widowed, married, divorced, widowed 2 divorced, widowed  
6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year) June 14 1862

8. AGE: Years 80 Months 10 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Abraham Culler  
13. Birthplace Pa. (City, town, or county) (State or foreign country)  
14. Maiden name Mary Bragunier  
15. Birthplace Pa. (City, town, or county) (State or foreign country)

16. (a) Informant Ellsworth Culler  
(b) Address Elk Creek, Mo.

17. (a) Burial (Burial, cremation, or re-oval) (b) Date thereof April 19 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Cemetery

18. (a) Signature of funeral director Gaylord V. Elliott  
(b) Address Labool, Mo.

19. (a) April 18-1943 (Date received local registrar) (b) Mr. Don Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1943 hour 6 minute 30 P. M.  
21. I hereby certify that I attended the deceased from April 10 1943 to April 16 1943  
that I last saw him alive on April 15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 6 days  
Due to Influenza 1 wk

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) gza

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 Dr. Edue (M. D. or other) E  
Address Labool Mo Date signed Apr 19 43

RECEIVED

District Health Officer No. 5,

District File Number

543308

Date Filed

3-6-43

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.....

*Gaylord V. Elliott*

Licensed Embalmer No.....

2252

P. O. Address.....

*Cabot Mt*

**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.**