

FILED JUL 12 1943

Registration District No. 78

Primary Registration District No. 5370

Registrar's No. 74

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 Most of Life
years, months or days

3. (a) PRINT FULL NAME Wesley Armgill Culver

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

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

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

7. Birth date of deceased June 27 1853
(Month) (Day) (Year)

8. AGE: Years 90 Months 0 Days 2 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Timothy Culver

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

14. Maiden name Jane Ramsbottom

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

16. (a) Informant Fred Culver

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 7-1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGrary Cemetery

18. (a) Signature of funeral director Hope Furn. & Undt. Co.

(b) Address Gallatin, Mo.

19. (a) 7-1-1943 (b) L. O. Richerson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Rural Union Township
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles S. W. Gallatin, Mo
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1943 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan., 1942, to June 29, 1943
that I last saw him alive on June 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Senility
Arterial Regeneration 10 yrs.
Myocardial

Due to Arterial Regeneration 10 yrs.
Myocardial

Other conditions: 93d
(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? _____

23. Signature Lloyd E. Nelson (Specify type of place) 10 Means of injury _____
Gallatin, Mo. (X. D. or other)
Date signed 7-1-43

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

3100

MOTHER FATHER

1084

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 Jenna L Hope
Licensed Embalmer No. 2162
P. O. Address Gallatin, 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.