

Registration District No. 160

Primary Registration District No. 3000

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Festus  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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

3. (a) PRINT FULL NAME Clarence S. Culton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-03-4800

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

6. (b) Name of husband or wife Pearl Culton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 21 1896  
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ac Run (City, town, or county) mo (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Pittsburgh P. G. Co.

12. Name Dave Culton

13. Birthplace Washington Co. (City, town, or county) mo (State or foreign country)

14. Maiden name Belle White

15. Birthplace Washington Co. (City, town, or county) mo (State or foreign country)

16. (a) Informant Mrs Pearl Culton

(b) Address Festus mo.

17. (a) Burial (b) Date thereof 7-1-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Lawn Mem. Pt

18. (a) Signature of funeral director Pink Funeral Parlor

(b) Address Festus mo.

19. (a) July 7, 1943 (b) N. L. Clarke  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson <sup>50</sup>  
(c) City or town Festus (If outside city or town limits, write "RURAL") <sup>1</sup>  
(d) Street No. 712 Moore (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year 43 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from August 7 1943 to June 28 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 Pulmonary Hemorrhage

Due to Chronic Fibroid Tuberculosis

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

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

Major findings: 12 ft 1  
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 H. Cunningham M.D. (M. D. or other) MD  
Address Crystal City Mo Date signed July 2/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 Eleanora

Licensed Embalmer No. 3403

P. O. Address Festus W

**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.**