

FILED APR 15 1944
Registration District No. **749**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Days
(Specify whether in this community years, months or days) 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
 (d) Street No. 2513 Agnes Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country. 0

3. (a) PRINT FULL NAME Mr Clarence M. Culp
 (b) If veteran, name war. None
 (c) Social Security No. 510-03-9957

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Mrs Eva Culp
 (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased April 5th 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 28
If less than one day 29 hr. _____ min.

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

10. Usual occupation Machinist

11. Industry or business Rivals Mfg Co

12. Name Benjamin Culp

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

14. Maiden name Emma Culp Johnston

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

16. (a) Informant Mrs Eva Culp

(b) Address 2513 Agnes Street

17. (a) Burial (b) Date thereof 4-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Calvary Cem

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) 4-44-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
 year 1944 hour 11:45 minute 3 A. M.
21. I hereby certify that I attended the deceased from home 26
 1944 to 4-3 1944

that I last saw him alive on 4-3 and that death occurred on the date and hour states above.

Immediate cause of death Bronchial
167 pneumoniae pneumoniae

Due to myocardial degeneration

Due to _____
 Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
 Of operations _____
 Of autopsy yes as above

Duration 2 days
 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?

While at work? _____
(Specify type of place)
 (c) Means of injury _____
23. Signature John T. Spencer (M. D. or other) MD
 Address 1102 Beardslee Date signed 4-4-44

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.....
Licensed Embalmer No. 2989
P. O. Address..... KC

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.