

FILED JUN 8 1944

Registration District No. 8344

Primary Registration District No. 3010

Registrar's No. 185

1. PLACE OF DEATH,  
(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Weeks  
(Specify whether  
In this community 60 Years  
years, months or days)

3. (a) PRINT FULL NAME Leon I Culley  
3. (b) If veteran, name war No  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3 Divorced  
6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive ✓ years \_\_\_\_\_  
7. Birth date of deceased Nov 18 1879  
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 25  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mc Clure Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchandise Store

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

12. Name Jasper Culley  
13. Birthplace Paducah Ky  
(City, town, or county) (State or foreign country)  
14. Maiden name Virginia M. RICHILTON  
15. Birthplace Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant Jasper Culley  
(b) Address Cape Girardeau Mo

17. (a) Buriel (b) Date thereof 5-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thebes Ill

18. (c) Signature of funeral director J. H. Howell

(b) Address Cape Girardeau Mo

19. (a) 6-3-44 (b) J. W. Phelps  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 16  
(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1944 hour 12 minute 20 p. M.

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

Immediate cause of death Carcinoma of the Stomach  
Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) 46 f

Major findings: Of operations \_\_\_\_\_

Of autopsy Carcinoma of Stomach  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 no

23. Signature J. W. Phelps (M. D. or other) no

Address Cape Girardeau Mo Date signed 5-13-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 644-394  
Date Filed 6-7-45

*W. H. Estes*

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 *W. H. Estes*

Licensed Embalmer No. *3568*

P. O. Address *W. H. Estes*

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.