S. No. 2
M—5-42
. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20349

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 515

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 16 hours (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Rural Springfield, - S Campbell Twp
(If outside city or town limits, write "RURAL")

(d) Street No.: Route 3
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Baby McCulloch

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Infant

6. (b) Name of husband or wife: Infant

6. (c) Age of husband or wife if alive: X X years

7. Birth date of deceased: June (Month) 25, (Day) 1945 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	16 hr. 2 min.

9. Birthplace: St. John's Hospital (City, town, or county) Springfield, Mo. (State or foreign country)

10. Usual occupation

11. Industry or business: Infant

MOTHER FATHER

12. Name: Virgil McCulloch

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

MOTHER

14. Maiden name: Pearl Foulk

15. Birthplace: Arcadia, (City, town, or county) Kansas 1 (State or foreign country)

16. (a) Informant: Virgil McCulloch

(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 26, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Lawn Cemetery

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home

(b) Address: Springfield, Missouri

19. (a) 6-29-45 (Date received local registrar) (b) O W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26, year 1945 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from 6-25, 1945, to 6-26, 1945 that I last saw he alive on 6-26, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity

Due to: was born about

Due to: 4½ months gestation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 15

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: W. Roland Lampton (M. D. or other) M.D.

Address: Springfield Mo. Date signed 6-29-45

(Licensed Embalmer's Statement on Reverse Side)

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.