

FILED FEB 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. **2449**

Registration District No. **22**

Primary Registration District No. **4134**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County **CLAY**
(b) City or town **SMITHVILLE, MO.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **HOME /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 YEARS** (Specify whether years, months or days)
In this community **4 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **CLAY 24**
(c) City or town **SMITHVILLE,** (If outside city or town limits, write "RURAL") **0**
(d) Street No. **0** (If rural, give location) **0**
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME **OTHO DELNO CULP**

3. (b) If veteran, name war
3. (c) Social Security No. **491-09-7069**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED /**
6. (b) Name of husband or wife **EMMA VINCENT CULP**
6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **SEPT. 11 1888**
(Month) (Day) (Year)

8. AGE: Years **57** Months **4** Days **I** If less than one day hr. min.

9. Birthplace **ALBANY MO. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **MECHANIC-- ELECTRICIAN**

11. Industry or business

MOTHER FATHER { 12. Name **M. H. CULP**
13. Birthplace **ALBANY MO. 0**
(City, town, or county) (State or foreign country)
14. Maiden name **JESSIE PAULINE GIBBANY**
15. Birthplace **KY. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. EMMA CULP**
(b) Address **SMITHVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **1/14/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
MT. AUBURN CEM. ST. JOSEPH, MO.
(c) Place: burial or cremation

18. (a) Signature of funeral director **The Corner Funeral Home**
(b) Address **Smithville, Mo.**

19. (a) **Jan 17 1946** (b) **Paula Kitchen**
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN.** day **11** year **1946** hour **7:** minute **0** **D.M.**

21. I hereby certify that I attended the deceased from **1-11-46** to **1-11-46** 19. **46** that I last saw **h.e.** alive on **1-11** 19. **46** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **2 hrs**

Due to **Coronary atherosclerosis**

Due to **None**

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **No** Of autopsy **No 940**

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 **[Signature]** (M. D. or D.O.)
Address **[Address]** Date signed **1-12-46**

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

440

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-5-46

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 S. A. McComas,

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.