

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
FILED AUG 13 1946 STANDARD CERTIFICATE OF DEATH

State File No. **22935**
Registrar's No. **264**

Registration District No. **53** Primary Registration District No. **3010**

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution St. Francis Hospital
(d) Length of stay: In hospital or institution 12 hrs.
In this community 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Cabon
(d) Street No. 1 1/2 mi. West of Cabon
(e) If foreign born, how long in U. S. A. no years.

3. (a) PRINT FULL NAME JOHN-CECIL MC CULLY
(b) If veteran, name war no
(c) Social Security No. None
(d) Sex M Color or race White
(e) (b) Name of husband or wife Leona McCulley
(f) (c) Age of husband or wife if alive 35 years
(g) Birth date of deceased Dec. 19-1914

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 25 year 1946 hour 8 minute 00 A. M.
21. I hereby certify that I attended the deceased from 7/23, 1946 to 7/26 that I last saw him alive on 7/25 and that death occurred on the date and hour stated above.
Immediate cause of death Brachio Pneumonia

8. AGE: Years 42 Months 6 Days 6 If less than one day hr. min.
9. Birthplace Harrisburg, Ark.
10. Usual occupation Farmer
11. Industry or business Farmer
12. Name A. J. McCulley
13. Birthplace State of Ark.
14. Maiden name Leona McCulley
15. Birthplace Ark.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 107
Of operations _____
Of autopsy _____

16. (a) Informant's own signature Leona McCulley
(b) Address Cabon Mo
(c) Place: burial or cremation Maundy Cemetery
(d) Signature of funeral director Walter J. Schuler
(e) Address Parma Mo
(f) (a) Date received local registrar 8-26-1946 (b) Registrar's signature E. E. [Signature]

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? _____
(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 [Signature] (M. D. or other) _____
Address [Address] Date signed 8/14/46

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF MISSOURI

DEPARTMENT OF HEALTH

OFFICE OF THE STATE EMBALMER

CASE NO.

4
846-2502
5-12-46

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 Lynnaw Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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, above space should be left blank.