

S. No. 2
1-12-45
5-17-39
I X47090

FILED SEP 10 1946

Registration District No. 383 Primary Registration District No. 5655

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

1. PLACE OF DEATH:

(a) County Lawrence *RURAL*

(b) City or town Mount Vernon *TOWNS.*

(c) Name of hospital or institution:
Missouri State Sanatorium *0*

(d) Length of stay: In hospital or institution 146 days

In this community 146 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe *102*

(c) City or town Shelbina *2*

(d) Street No. _____ (If rural, give location) *0*

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

If yes, name country _____

3. (a) PRINT FULL NAME Kenneth Calvin Cullers

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

4. Sex Male 5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Geraldine Gilstrap

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased July 26 1912

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>0</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Tracy Iowa

10. Usual occupation Office work

11. Industry or business War Department Air Corp

MOTHER FATHER

12. Name Clyde Calvin Culler

13. Birthplace Mexico Missouri

14. Maiden name Charlotte Jesse

15. Birthplace Mexico Missouri

16. (a) Informant Ethel McMichael, Record Cler

(b) Address Mo. State San, Mount Vernon, Mo.

17. (a) Removal (b) Date thereof Aug 12 1946

(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director H. D. Foult

(b) Address Mo. State San, Mount Vernon, Mo.

19. (a) 8-12-46 (b) [Signature]

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1946 hour 8 minute 10 p.m.

21. I hereby certify that I attended the deceased from March 20, 1946 to August 11, 1946

that I last saw him alive on August 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Duration over 4 yrs.

Due to _____

Due to _____

Other conditions Empyema with broncho-pleural fistula

Major findings: Of operations _____

Of autopsy [Signature]

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? _____

(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 [Signature]

23. Signature [Signature]

Address Mo. State San, Mount Vernon Date signed 8-11-46

RECEIVED

District Health Officer No. 6

District File Number 946-928

Date Filed SEP 5 - 1946

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.....

By me....., Registered Apprentice No.....
working under my personal supervision.

Signed *Max. J. Fossett*.....

Licensed Embalmer No. *4252*.....

P. O. Address *Mt Vernon, 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.