

**FILED** SEP 24 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. **6093**

Registrar's No. **143**

**1. PLACE OF DEATH:**

(a) County Saline  
(b) City or town Marshall Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. State School 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since May 3 - 1943  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Saline Center Mo.  
(c) City or town Van Buren, Mo. (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thelma Agnes Baker Culpffer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Joe Culpffer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased June 23 - 1918  
(Month) (Day) (Year)

8. AGE: Years 28 Months 2 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Van Buren, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Patient

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

12. Name Geo. W. Baker

13. Birthplace Eminence, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary E. Clark

15. Birthplace Low Massie Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Records Mo. State School

(b) Address Marshall, Mo.

17. (a) Funeral (b) Date thereof Aug 30, 1946  
(Funeral, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horace Creek Cemetery

18. (a) Signature of funeral director J. L. Little

(b) Address \_\_\_\_\_

19. (a) 8-28-46 (b) Miss D. Baker  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 28 year 1946 hour \_\_\_\_\_ minute 3 P. M.

21. I hereby certify that I attended the deceased from Jan 43 to Aug 28, 1946, to \_\_\_\_\_, 1946;

that I last saw her alive on Aug 28, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis  
Deterioration Cell Final Card

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 2

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. S. James M.D. (M. D. or other)

Address Marshall Mo. Date signed 8-28-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

28102

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

*7-7-76*

**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 *J. Leslie Sussman*  
Licensed Embalmer No. *3235*  
P. O. Address *Marshall, Va.*

**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.**