

FILED SEP 18 1946
Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
325 S. Bois D'Arc St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 69 years
years, months or days

3. (a) PRINT FULL NAME JACOB S. CULLEY

3. (b) If veteran, name war 200
3. (c) Social Security No. 200

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Stamps
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased January 28 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 13
If less than one day
hr. _____ min.

9. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Isaac Culley
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Swerenger
15. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alice Culley
(b) Address 325 S. Bois D'Arc St.

17. (a) Burial (b) Date thereof Sep 13, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Langston Cemetery

18. (a) Signature of funeral director Ed C. Ulmer

(b) Address 1208 S. Garrison, Carthage, Mo

19. (a) 9-12-46 (b) L. B. Clinton M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 325 S. Bois D'Arc
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1946 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Aug 20
1945 to Sept 10 1946
that I last saw her alive on Sept 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Senility
Duration _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 93D
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M.D. or other)
Address [Signature] Date signed 9/10/46

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

157
1001
200

139

46-8-788

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..... *Edle...*

Licensed Embalmer No. *2222*

P. O. Address. *Carthage*

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.