

No. 2  
12-45  
17-39  
X4790

**FILED DEC 9 1946**  
Registration District No. 199

Primary Registration District No. 1002

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

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Union Station 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 8 Hrs. years, months or days)

**3. (a) PRINT FULL NAME** Archie Willard Culp

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Tressa Lee Culp

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

7. Birth date of deceased Aug. 21 1870  
(Month) (Day) (Year)

**8. AGE:** Years 76 Months 3 Days 5 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Beloit Kansas 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Sheepman (Rancher)

11. Industry or business Own

12. Name Chesley Clup

13. Birthplace Beloit Kansas 1  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Quincy Ill. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tressa Lee Culp  
(b) Address Lamare Colo.

17. (a) Removal (b) Date thereof Nov. 27, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Mo.

18. (a) Signature of funeral director Quincy Tabin, Co.  
(b) Address 20 W. Linwood, K.C. Mo.

19. (a) 11-28-46 (b) St. Pauline Holme  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Branham 11

(c) City or town St. Joseph 1  
(If outside city or town limits, write "RURAL")

(d) Street No. Robbison Hotel 7  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 11 day 26  
year 1946 hour 8:10 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw him alive alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary insufficiency

Due to Atherosclerosis of arteries

Due to Hypertrophy of heart

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 950

Of autopsy yes - as above

Duration \_\_\_\_\_

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 J. M. D. [Signature] (M. D. or other) \_\_\_\_\_  
Address 1424 prof. [Signature] Date signed 11-27-46

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**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.....

*Howard W. Farmer*

Licensed Embalmer No.....

*4134*

P. O. Address.....

*Tamora City, Md*

**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.**