

FILED JAN 17 1948

Registration District No. 17

Primary Registration District No. 3008

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Calloway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Sept 17 to 25 day
(Specify whether years, months or days)

In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 320 Wisdom
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CULLIFER MARY J.

3. (b) If veteran, name war _____

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1948 hour 4 minute 40 M.

21. I hereby certify that I attended the deceased from 1948 to Jan 2
that I last saw him alive on Jan 1
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept 25 1885
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>3</u>	<u>10</u>	hr. _____ min. _____

Due to _____

Due to _____

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

9. Birthplace Randolph Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name D.R.

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

14. Maiden name _____

15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Health No 1

(b) Address Fulton MO

17. (a) Burial (b) Date thereof Jan 5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly MO

18. (a) Signature of funeral director Walter G. Son

(b) Address Moberly MO

19. (a) Jan 2 (b) John Morinshoff
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 R. Price M.D. (D. or other) _____

Address Fulton MO Date signed Jan 2-48

Date Filed 1/15/48

District Health Officer

District Health Officer No. 9,

RECEIVED

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.