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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED MAR 29 1948

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 25

1. PLACE OF DEATH:  
 (a) County Pemiscot  
 (b) City or town Caruthersville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Rural Route 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 10 Years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pemiscot  
 (c) City or town Caruthersville Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rural Route 1  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Pearl Thomas Culp  
 3. (b) If veteran, name war X  
 3. (c) Social Security No. X  
 4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ed Culp  
 6. (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased January 27, 1901  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 21, year 1948 hour 1 minute 10 A. M.  
 21. I hereby certify that I attended the deceased from Jan, 1948 to March 20, 1948; that I last saw her alive on March 20, 1948; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>1</u>	<u>24</u>	_____ hr. _____ min.

Immediate cause of death Carcinoma Stomach  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Eloise, Tenn.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation House-Wife  
 11. Industry or business \_\_\_\_\_

Other conditions 46 B  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER {  
 12. Name Carroll Finley  
 13. Birthplace Finley, Tenn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Lucy Taylor  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ed Culp  
 (b) Address Caruthersville, Mo.  
 17. (a) Burial (b) Date thereof 3/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Caruthersville, Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director H.S. Smith Funeral Home  
 (b) Address Caruthersville, Mo.  
 19. (a) 3-25-48 (b) Stresson B. White  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Caruthersville Date signed 3/25/48

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

3-48-96

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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..... *William D. Pike* .....

Licensed Embalmer No. *4484* .....

P. O. Address. *Cassiersville 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.**