

FILED OCT 4 1948

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

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1011

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1914 Jones Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution not (Specify whether)  
In this community 8 months (years, months or days)

3. (a) PRINT FULL NAME Edwin Curtis Culver

3. (b) If veteran, name war None 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 Mable Culver 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased January 12 1875  
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Clinton County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retired

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

12. Name Millard F. Culver

13. Birthplace Unknown New York  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Jane Groom

15. Birthplace Clinton County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Culver

(b) Address 1914 Jones St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Sept. 21, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 9-27-48 (b) E. C. Jenkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1914 Jones Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20th  
year 1948 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from Sept 1  
1948 to Sept 20 1948.  
that I last saw him alive on Sept 19 1948.  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion. Duration 4 hrs.  
Due to chronic hypertension 1 yr.

Other conditions (Include pregnancy within 3 months of death)

Major findings: h.p.  
Of operations \_\_\_\_\_  
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 W. J. ... (M. D. or other) \_\_\_\_\_  
Address St. Joseph, Mo. Date signed 9/20/48

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

MOTHER FATHER

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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..... *Curt A Harrington*.....  
Licensed Embalmer No..... *3258 Missouri*.....  
P. O. Address..... *St. Joseph, 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.**