

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED NOV 26 1946

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

37819

Do not use this space.

## 1. PLACE OF DEATH

(a) County Newton Registration District No. 244  
(b) Township Diamond Primary Registration District No. 1894 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ or \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 54 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME James Elmer Cullum

(a) Residence, No. Diamond, Missouri St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosa D. Cullum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 2 1866</u>		
7. AGE <u>80</u>	YEARS <u>2</u>	MONTHS <u>18</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>60 yrs</u>
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>1932</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carlock, Illinois</u>		
13. NAME <u>Francis Cullum</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelby, Illinois</u>		
15. MAIDEN NAME <u>Mayle Ross</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Rosa B. Cullum</u>		
18. BURIAL, <del>PLACE</del> <u>Diamond Cemetery</u> DATE <u>11-24-46</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Ed. C. Ulmer</u> <u>Carthage, Missouri</u>		
20. FILED <u>Nov 23 1946</u> by <u>Albie Parnell</u> <u>Local Registrar</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 20, 194622. I HEREBY CERTIFY, That I attended deceased from October 1, 1946 to November 20, 1946I last saw him alive on October 15, 1946. Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac failureDate of onset  
11/20/46

Other contributory causes of importance:

Essential Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? 2

If so, specify \_\_\_\_\_

(Signed) R. E. Bennett, D.D.(Address) Diamond, Mo.

RECEIVED

District Health Officer No. *Newton*

District File Number *1146-172*

Date Filed *11-25-46*

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 *Gene C. Pugh*  
Gene. C. Pugh.

Licensed Embalmer No. *4231*

P. O. Address *Carthage, Missouri.*

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, above space should be left blank.