

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 27 1948
Registration District No. 1948 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3021

State File No. 29552

Registrar's No. 140

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton
(c) Name of hospital or institution: 1210 Shanklin
(d) Length of stay: In hospital or institution: 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Grundy
(c) City or town: Trenton
(d) Street No.: 1210 Shanklin
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: GEORGE WASHINGTON McCullough
(b) If veteran, name war: none
(c) Social Security No.: none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 13 year 1948 hour minute 5:50 P.M.

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: 2 divorced, widowed
6. (b) Name of husband or wife: Jennie M. Donald
6. (c) Age of husband or wife if alive: 6 years
7. Birth date of deceased: July 1865

21. I hereby certify that I attended the deceased from Sept 9 1948 to Sept 13 1948 and that I last saw him alive on Sept 8 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 2 Days 7

Immediate cause of death: Arterio Sclerosis
Chronic Interstitial Nephritis

9. Birthplace: Unknown Ohio

Other conditions: (Include pregnancy within 2 months of death)

10. Usual occupation: retired
11. Industry or business: retired

Other conditions: (Include pregnancy within 2 months of death)

12. Name: Unknown
13. Birthplace: Unknown Unknown

Physician: 1310

14. Maiden name: Michael Anderson
15. Birthplace: Unknown Unknown

Physician: Underline the cause of which death should be charged statistically.

16. (a) Informant: E. Mitchell
(b) Address: Trenton, 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (burial, cremation, or removal): Burial
(b) Date thereof: Sept 15 1948
(c) Place: burial or cremation: Maple Grove Cemetery

While at work? (e) Place of injury:
23. Signature: E. A. Duffy (M. D.)
Address: Trenton, Mo. Date signed: Sept 17 1948

18. (a) Signature of funeral director: Raymond Davis
(b) Address: Trenton, Mo.
19. (a) Date received local registrar: 9-15-48
(b) Registrar's signature: [Signature]

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