

DEC'D FEB 20 1939

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

<p>1155</p> <p>Do not use this space.</p>

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 168
 (c) City Kansas City, Mo. (d) Street No. 3707 Jefferson St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

124 Mrs. Susan F. Purcell
 (a) Residence, No. 3707 Jefferson 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Purcell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28, 1854</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>5</u>
	DAYS <u>15</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</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)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KentuckyFATHER 13. NAME George W. Mullen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KentuckyMOTHER 15. MAIDEN NAME Elizabeth Natizigger16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Mrs. H. L. Heffner
(ADDRESS) 3707 Jefferson18. BURIAL, CREMATION, OR REMOVAL PLACE Enid, Okla. DATE Jan. 14 3919. FUNERAL DIRECTOR (NAME) R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway20. FILED Jan 14 39 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13 1939

22. I HEREBY CERTIFY That I attended deceased from 19 to 19
 I last saw Deputy Coroner at Enid on Jan 13, 19..... Death is said to have occurred on the date stated above, at 6:33 m. AM
 The principal cause of death and related causes of importance were as follows:

Chronic Hemeral nephritis
Influent Bronchopneumonia
 Date of onset 1/31

Other contributory causes of importance: 1/31Name 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 injury24. Was disease or injury in any way related to occupation of deceased? 1
If so, specify Pneumonia
(Signed) R. V. Lindsey M. D.
(Address) Enid, Okla.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.