

AUG 3 1939

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

25043

Do not use this space.

85

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 1001
(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 709
(c) City St. Joseph (d) Street No. St. Joseph's Hospital 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 41 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles McCullough Purnell

(a) Residence, No. 814 E. Hyde Park Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Purnell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1879
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 6 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sheep Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. H. B. Black Com. Co.
10. Date deceased last worked at this occupation (month and year) April, 1939 11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (CITY OR TOWN) East St. Louis
(STATE OR COUNTRY) Illinois

FATHER 13. NAME Charles Werrell Purnell
14. BIRTHPLACE (CITY OR TOWN) Chillicothe
(STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Ella Zenora Deems
16. BIRTHPLACE (CITY OR TOWN) Parkersburg
(STATE OR COUNTRY) West Virginia

17. INFORMANT Mrs Juanita Purnell
(ADDRESS) 814 E. Hyde Park Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE July 12, 1939

19. FUNERAL DIRECTOR (NAME) Clark Mortuary
(ADDRESS) 5025 King Hill Ave.

20. FILED July 14, 1939 H. J. Keethen
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939 to July 10, 1939
I last saw him alive on July 10, 1939 at 3:15 p.m. Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis Date of onset Unknown

Other contributory causes of importance:

Arterio-sclerosis, general Unknown

Name of operation: None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify.....
(Signed) John J. Barnes, M. D.
(Address) St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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RECEIVED FILED STATE OFFICE
NOT RECORDED RETURNED TO DISTRICT
8-3-39

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 Earl A. Clark
Licensed Embalmer No. 3476
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, above space should be left blank.