

AUG 24 1939

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

26528
Do not use this space.

1. PLACE OF DEATH
- (a) County Chelso Registration District No. 674
(b) Township Arburg Primary Registration District No. 5899 Registered No. 10
(c) City (d) Street No. 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 240 Joseph Sherman Pusley
- (a) Residence, No. St. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Missouri Pusley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>7</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Orange County, Mo

FATHER 13. NAME Crowford Pusley 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denir, Mo

MOTHER 15. MAIDEN NAME Malvada Col- 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Missouri Pusley (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgar Springs DATE June 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lee Johnson Newburg, Mo

20. FILED June 7 1939 PT Smith Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1939

I HEREBY CERTIFY That I attended deceased from June 1939 to June 3 1939
I last saw him alive on May 30 1939. Death is said to have occurred on the date stated above, at 1:30 m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Date of onset 121

Other contributory causes of importance: Chronic Nephritis

Name of operation None Date of
What test confirmed diagnosis? 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) R. J. Brewer M. D.
Newburg, Mo 609 (Address)

(Licensed Embalmer's Statement on Reverse Side)

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

50-10-1-12-34 I X14025

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.

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 Embalmer No. 8391, working under my personal supervision.

RECEIVED

District Health Officer No. 5

District File Number 839123

Date Filed 8-22-39

Signed Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg, 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.