

Registration District No. 71 Primary Registration District No. 4040

1. PLACE OF DEATH
(a) County Boone
(b) City or town Ashland
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Ashland
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Albert Penn Purcell
3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-18-2647
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maribel Purcell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 12 1893
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 29 year 1939 hour 4 minute 15 PM.
21. I hereby certify that I attended the deceased from Dec - 29, 1939, to Dec - 29, 1939, that I last saw him alive on Dec - 28, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 9 Days 17 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary occlusion
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____
12. Name William J Purcell
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Walter Ferguson
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature W. Roy Purcell
(b) Address Ashland Mo.

17. (a) Burial (b) Date thereof 12-30-1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT Pleasant

18. (a) Signature of funeral director Holt's Burnett
(b) Address Ashland Missouri

19. (a) Jan 3, 1940 (b) Francis Nichole
(Date received local registrar) (Registrar's signature)

23. Signature W. J. Purcell (M. D. or other) _____
Address Ashland Mo. Date signed 12/29/39

Duration Dead
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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 Apprentice No.....

working under my personal supervision.

Signed *W^m E B Burnett*

Licensed Embalmer No. *3564*

P. O. Address *Ashtland 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.