

FILED MAR 7 - 1940

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

7558

Do not use this space.

## 1. PLACE OF DEATH

(a) County Newton Registration District No. 611  
 (b) Township Seneca Primary Registration District No. 4365 Registered No. \_\_\_\_\_  
 (c) City Seneca or \_\_\_\_\_ (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 GEORGE H. PURYEAR

(a) Residence, No. Same 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Wolf  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27 - 1883  
 7. AGE YEARS 56 MONTHS 9 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cafe Owner  
 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 \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1940

22. I HEREBY CERTIFY, that I attended deceased from Sept 12, 1939 to Feb 10, 1940  
 I last saw him live on Feb 10, 1940 Death is said to have occurred on the date stated above, at 11-25 PM  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas and Surrounding tissues  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 4-6

Name 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 injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_ (Signed) W. B. Luehlen, M. D.

(Address) Seneca Mo,  
545

12. BIRTHPLACE (CITY OR TOWN) Seneca (STATE OR COUNTRY) Missouri  
 FATHER  
 13. NAME James M. Puryear  
 14. BIRTHPLACE (CITY OR TOWN) Hartsville (STATE OR COUNTRY) Missouri  
 MOTHER  
 15. MAIDEN NAME Emma E. Hager  
 16. BIRTHPLACE (CITY OR TOWN) Hartsville (STATE OR COUNTRY) Missouri  
 17. INFORMANT Isabelle Puryear (ADDRESS) Seneca Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca DATE Feb 13, 1940  
 19. FUNERAL DIRECTOR (NAME) Bill Buzzert (ADDRESS) Seneca Mo.  
 20. FILED Feb 14, 1940 Merle Sparlin Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

THIS IS A PERMANENT RECORD

K. 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.

1 X16605

RECEIVED  
District Health Officer No. 6,  
District File Number 340-620  
Date Filed MAR 5 1940

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.....

James Weldon Buzzard Registered Apprentice No. 239  
working under my personal supervision.

Signed W. W. Buzzard

Licensed Embalmer No. 2337

P. O. Address Green Mt

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.