

REC'D JUN 14 1940
Registration District No. **792**

Primary Registration District No. **6035**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Newton**
(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 **49 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Saline**
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. **1 1/2 mile east of Newton Mo**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Edward Thomas Purcell

3. (b) If veteran, name war **No**

3. (c) Social Security No. **495-01-0676**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mary Evans**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Nov 16 1875**
(Month) (Day) (Year)

8. AGE: Years **66** Months **6** Days **4**
If less than one day hr. min.

9. Birthplace **Cincinnati Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Edward Purcell**

13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Clark**

15. Birthplace **Pa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Howell S. Purcell**

(b) Address **Newton Mo**

17. (a) **Burial** (b) Date thereof **May 23 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ridge Park Cem**

18. (a) Signature of funeral director **Comptail Lewis**

(b) Address **Marshall Mo**

19. (a) **June 2 1940** (b) **R. L. Lawler**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **30**
year **1940** hour **11** minute **0** M.

21. I hereby certify that I attended the deceased from **July 31** to **May 30**, 19**40**
that I last saw him alive on **May 18**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Lymphatic Leukemia**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **728**

Major findings: _____
Of operations: _____
Of autopsy: _____

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? **716**

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature **W. H. Marshall** (M. D. or other) **1**
Address **Marshall** Date signed **5/24/40**

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number 6-12-40
Date Filed

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.....

Joe N. Rennie

....., Registered Apprentice No.

working under ~~my~~ personal supervision.

Signed *Joe N. Rennie*

Licensed Embalmer No. *1171*

P. O. Address *Marshall, M*

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.