

Registration District No. 408 Primary Registration District No. 5563A Registrar's No. 211

1. PLACE OF DEATH:

(a) County Jasper  
 (b) ~~City or town~~ Rural - Jackson Township.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Route # 1, Diamond, Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 17 years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
 (c) City or town Rural - Jackson Township  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route # 1, Diamond, Mo.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Leona Mae Purbaugh

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept. 5, 1923  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>2</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Student

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Samuel Purbaugh  
 { 13. Birthplace X Penn  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Lauetta Strong  
 { 15. Birthplace Barton County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. John Melcher  
 (b) Address Route # 1, Diamond, Mo.

17. (a) Burial (b) Date thereof 11-17-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery  
Ed. C. Ulmer

18. (a) Signature of funeral director Ed. C. Ulmer  
 (b) Address 1208 Garrison, Carthage, Mo.

19. (a) Nov. 16, 1940 (b) E. J. McIntire, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14  
 year 1940 hour 1 minute 300? M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_; that I last saw her alive on November 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition and inanition Duration \_\_\_\_\_  
N.M.D.  
 Due to Inability to assimilate food  
 Due to Mortality of a 4 yr old child  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Investigation

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? \_\_\_\_\_

865  
 While at work? \_\_\_\_\_  
(Specify type of place) (a) Means of injury

23. Signature A. Winchester (M. D. or other) \_\_\_\_\_  
 Address Jasper, Mo. Date signed 11-15-40

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.

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 10811

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 Edmund

Licensed Embalmer No. 2422

P. O. Address Overhage

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.