S. No. 2
-11-10-39
5-17-39
P I X21492

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

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1147

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 107

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4315 Wayne Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 37 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 4315 Wayne Ave. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Susan W. PURCELL.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife William A. Purcell

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

7. Birth date of deceased December 11th 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Saline Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Joseph Waldon
13. Birthplace (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Louis A. Purcell
(b) Address 4315 Wayne Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/9/41 (Month) (Day) (Year)
(c) Place: burial or cremation Miami Missouri

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) Jan 8 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th
year 1941 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 11-29-40 to
, 19 , to 1-7-40 , 19 ;
that I last saw er alive on 1-7-41 , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Term. Bronchial Pneumonia

Due to Old Age and Fractured Hip
Fractured hip 11-29-40

Due to

Other conditions 1860
(Include pregnancy within 3 months of death) 18

Major findings: 10
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 123
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Nov 29 1940
(c) Where did injury occur? K. C. Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature D M Negro (M. D. or other) Fall
Address 525 Argyle Bldg. Date signed 1-8-41

(Licensed Embalmer's Statement on Reverse Side)

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. 267

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2999

P. O. Address. KC 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.