

S. No. 2
-11-10-39
-5-17-39
P-1 X21492

APR 28 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3961

State File No. _____

Registration District No. 724

Primary Registration District No. 5955

Registrar's No. _____

86
88

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

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Rural - York Twp.
(If outside city or town limits, write "RURAL" and name of township)

(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 1
(Specify whether)

In this community 1
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Powersville, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Lydia Oberta Putnam

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1941 hour 12 AM minute — M.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife L. S. Putnam

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 11 - 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 71 Oct.
1940 to Jan 21, 41

that I last saw her alive on Jan 20, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 9 Days 10
If less than one day hr. min.

Immediate cause of death

Due to Chronic glomerular nephritis

Due to Chronic rheumatoid arthritis

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Homework

Major findings: Of operations 1218

Of autopsy _____

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

11. Industry or business _____

12. Name J. Gustaf Kellerson

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

14. Maiden name Sarah Morrison

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

16. (a) Informant Willard Putnam

(b) Address Powersville, Mo.

17. (a) Rural
(Burial, cremation, or removal)

(b) Date thereof Jan 22-41
(Month) (Day) (Year)

(c) Place: burial or cremation Larry Kelly

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? _____

18. (a) Signature of funeral director L. W. McDonald

(b) Address Unionville, Mo.

19. (a) Jan 23-1941
Date received local registrar?

(b) Thos. D. W. Pollock
(Registrar's signature)

While at work? U.S. (Specify type of place)

(e) Means of injury 2

23. Signature L. W. McDonald (M.D. or other) Dr.

Address Powersville Date signed 1/22/41

RECEIVED

District Health Officer No. 10

District File Number 2-41-249

Date Filed FEB 8 1941

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 Muel E. Hurst

Licensed Embalmer No. 3304

P. O. Address Unionville MS

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.