

SEP 3 1942

State File No. \_\_\_\_\_

3235

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
18 th & West Penn Way /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3344 Baltimore (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Oscar D. Purdy

(b) If veteran, name war none

(c) Social Security No. 495-07-4335

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 27 day 27 year 1942 hour 5 minute 30 P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Susie Purdy 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: ### March 1 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 5 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Chronic Myocardial Infarction

Due to \_\_\_\_\_

9. Birthplace: \_\_\_\_\_ (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Cook

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

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

12. Name Leandrew V. Purdy

13. Birthplace No Record (City, town, or county) (State or foreign country)

14. Maiden name Nancy Ann Kilman

15. Birthplace No Record (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Harley A. Purdy

(b) Address 3844 Baltimore

17. (a) Burial (b) Date thereof Aug. 29 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hill

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 Mrs C.L. Forster

(b) Address 918 Brklyn

19. (a) 8-29-42 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] Date signed 8/28/42

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

C

**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 *Denzil C. Browning*  
Licensed Embalmer No. *2724*  
P. O. Address *K. C. 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, fact should be so stated above.**