

FILED MAR 22 1943 42
 Registration District No. 42

Primary Registration District No. 1002

State File No. _____
 Registrar's No. 255

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 1820 South 11th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 years,
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri, (b) County Buchanan
 (c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
 (d) Street No. 1820 South 11th Street
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Edith Steele Purdy,

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 Married,

6. (b) Name of husband or wife W. Edward Purdy 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased January 9th, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 49 1 8 hr. min.

9. Birthplace Renssler, Indiana,
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER { 12. Name John William Steele,
 13. Birthplace Unknown, Indiana,
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace Unknown, Indiana,
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. W. E. Purdy
 (b) Address 1820 South 11th Street,

17. (a) Removal (b) Date thereof 2/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Panora, Iowa
 (d) Signature of funeral director Heaton, Private & Bauman Funeral Home

(b) Address 319 So. 10th Street

19. (a) 2-21-43 (b) Rose Stegoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th.
 year 1943 hour 10:00 minute 45 p.M.

21. I hereby certify that I attended the deceased from Feb 15 1943 to Feb. 17 1943
 that I last saw her alive on Feb. 17 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Central Hemorrhage
 Due to arterio-scl. gen. 1946

Other conditions: Myocarditis chr.
 (Include pregnancy within months of death)

Major findings: Of operations none
 Of autopsy none

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?

23. Signature Frank J. Anderson (M. D. or other)
 Address 620 Dorris Street Date signed 2/19/43

Duration

Feb 15/43 to Feb 17/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Harold Bowman

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.....
.....*2/18/42*....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Harold Bowman*.....
Licensed Embalmer No.....*3619*.....
P. O. Address.....*S. Joseph, 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.