

FILED MAY 15 1943

Registration District No. **1167**

Primary Registration District No. **5710**

Registrar's No. **7**

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

1. PLACE OF DEATH:

(a) County **McDonald**
(b) City or town **Rural township # 23**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Center Camp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **McDonald**
(c) City or town **Rural Powell Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Perry Purcell**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Julia Purcell** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **Nov 28 1873**
(Month) (Day) (Year)

8. AGE: Years **69** Months **3** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Fort Scott Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

12. Name **Wm Perry Purcell**
13. Birthplace **D.K.** (City, town, or county) (State or foreign country)
14. Maiden name **D.K.**
15. Birthplace **D.K.** (City, town, or county) (State or foreign country)

16. (a) Informant **Julia Purcell**
(b) Address **Powell Mo. R.K.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **March 6-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Union Cemetery**

18. (a) Signature of funeral director **Wheaton Funeral Home**
(b) Address **Wheaton Mo.**
19. (a) **4-2-43** (b) **L E Kirk**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4**
year **1943** hour **2** minute **45 P.M.**

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on **March 4th** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**

Due to _____
Due to **hypertension**

Other conditions (Include pregnancy within 3 months of death) **g 30**

Major findings: Of operations _____
Of autopsy _____

Duration **1 hr**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **L E Kirk** (M. D. or other) **no**
Address **Wheaton Mo.** Date signed **March 6-43**

RECEIVED

District Health Officer No. 6,

District File Number 543-602

Date Filed MAY 13 1943

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 W. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.