

Registration District No. 53

Primary Registration District No. 4297

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Purdin
(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 years, months or days) _____ (If rural, give location)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 059
(c) City or town Purdin 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location) 10
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11th
year 1943 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from June 6
_____, 1937, to September 11, 1943

that I last saw him alive on September 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Uremia 9-6-43

Due to Chronic Nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131 R

Major findings:
Of operations _____
Of autopsy _____

Duration
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 G. W. Thorge (M.D. or other) 2 DO
Address Purdin, Mo Date signed 9/13 43

3. (a) PRINT FULL NAME William Riley Bales

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Louisa 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 17 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 24 hr. min.

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

10. Usual occupation Carpenter, (Retired)

11. Industry or business _____

12. Name Daniel Bales

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

14. Maiden name Lavinia Hyatt

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

16. (a) Informant Mary L Bales

(b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof 9/14/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdin Cemetery

18. (a) Signature of funeral director Thorne Undt. Co.

(b) Address Linneus, Mo. (D.A. Taylor)

19. (a) Sept 14/1943 Wm. C. Woolf
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1334

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..... *David A. Zuplar*

Licensed Embalmer No..... 3761

P. O. Address..... Linneus, Missouri

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.