

Registration District No. **49** Primary Registration District No. **5174**

1. PLACE OF DEATH:
 (a) County **Candeur**
 (b) City or town **Calimax Springs 1000 ft +**
 (c) Name of hospital or institution: **home Route I 1**
 (d) Length of stay: In hospital or institution **life**
 In this community **life**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Candeur**
 (c) City or town **Calimax Springs**
 (d) Street No. **Route 1**
 (e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Martha Purl**
 3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **13**
 year **1944** hour **2** minute **15 A.M.**
21. I hereby certify that I attended the deceased from **Dec. 31**
1943 to **Jan 4** **1944**

4. Sex **f** **5. Color or race** **Black**
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife **Oscar Purl**
6. (c) Age of husband or wife if alive **21 18 52**
7. Birth date of deceased **March 2 18 52**

that I last saw **her** alive on **Jan 1** **1944**
 and that death occurred on the **date and hour** stated above.
 Immediate cause of death: **Bronchopneumonia**
and Secondary

8. AGE: Years **91** Months **10** Days **11**
 If less than one day **hr. min.**

Due to **Influenza**
 Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

9. Birthplace **Candeur Co Mo**
10. Usual occupation **Servant (Slave)**
11. Industry or business **Housewife**
12. Name **?**
13. Birthplace **?**
14. Maiden name **?**
15. Birthplace **?**

Major findings: **372**
 Of operations **none**
 Of autopsy **none**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant **Mrs. Volley Mauldin**
(b) Address **Candeur, Mo**
17. (a) Burial (b) Date thereof **Jan 14 1944**
(c) Place: burial or cremation **Green Ridge Cem.**
18. (a) Signature of funeral director **Bankhead Woolley**
(b) Address **Candeur, Mo**
19. (a) Jan 30 1944 (b) **Mrs. A. R. Jackson**
 (Date received local registrar) (Registrar's signature)

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? _____
 (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 **D. P. E. Burrows** (M. D. or other) **PO**
Address **Candeur Springs, Mo** **Date signed** **1/13/44**

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

RECEIVED

District Health Officer No. 7.

District File Number 1-44-153

Date Filed 2-9-44

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 Abbi Banks Woolery
Licensed Embalmer No. 2488
P. O. Address Camden, 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.