

FILED JUN 1 1944

Registration District No. 1

Primary Registration District No. 3207

Registrar's No.

1. PLACE OF DEATH:

(a) County Bettler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME F. M. Purvis

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife C. E. Purvis 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Dec 31 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months _____ Days _____ If less than one day hr. _____ min.

9. Birthplace Malden, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Loize

13. Birthplace Malden, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anderson

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

16. (a) Informant W. J. Purvis

(b) Address 2nd St. Mo.

17. (a) Burial (b) Date thereof 3-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff

18. (a) Signature of funeral director Edward Russell

(b) Address Poplar Bluff, Ark.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-21-44 day _____
year _____ hour 2-45 minute _____ M.

21. I hereby certify that I attended the deceased from 3-16-44 19____ to 3-21 1944
that I last saw him alive on 3-21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Surgical shock

Due to Right infarct

Due to _____

Other conditions 133 ft
(Include pregnancy within 3 months of death)

Major findings: Of operations Observed body

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 [Signature] (M. D. or other) _____

Address Poplar Bluff, Ark. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June
194
Registrar's No. 194

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Paplar bluff
(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 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler
(c) City or town Fisk
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME J.M. Purvie
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May Year 1944 hour 12 minute 21 M.
21. I hereby certify that I attended the deceased from
that I first saw him/her above on
and the death occurred on the date and hour stated above
Immediate cause of death Surgical Shock

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife C.D. Purvie 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased Dec 31 (Month) (Day) (Year)

Due to Bright nephritis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years 64 Months 2 Days 20 (If less than one day, min.)
9. Birthplace Mo. (City, town, or county) (State or foreign country)

10. Usual occupation
11. Industry or business
12. Name Frog
13. Birthplace Malden Mo. (City, town, or county) (State or foreign country)
14. Maiden name Arch
15. Birthplace (City, town, or county) (State or foreign country)

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 Thos Russell (M. D. or other)
Address 6/5/44 Date signed

16. (a) Informant W.J. Purvie
(b) Address Senath, Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof 3-24-44 (Month) (Day) (Year)
(c) Place: burial or cremation male hill
18. (a) Signature of funeral director Thos Russell
(b) Address Senath, Mo.
19. (a) 6/5/44 (Date received local registrar) (b) Thos Russell (Registrar's signature)

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

MOTHER FATHER

SUPPLEMENTARY

17595