S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 18 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27110

Registration District No. 21 — Primary Registration District No. 5048 — Registrar's No. ~~[illegible]~~ 12

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Purdy (Rural) McDonald Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 37 hours. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry 5
(c) City or town McDonald Twp
(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 Gary Dale

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

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

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov. (Month) 9 (Day) 1943 (Year)

8. AGE: Years | Months | Days 1 | If less than one day 13 hr. min.

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

10. Usual occupation Infant

11. Industry or business —

FATHER
12. Name Curtis Haworth
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Nona Buntin
15. Birthplace (City, town, or county) Okla. (State or foreign country)

16. (a) Informant Curtis Haworth
(b) Address Purdy Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11-1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Sparks Cemetery

18. (a) Signature of funeral director L. H. Blankenship
(b) Address Monett Mo.

19. (a) ~~Nov 13 1943~~ (Date received local registrar) (b) Ed Williams (Registrar's signature)
Aug 1/44 1076

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th year 1943 hour 10:00 pm minute M.

21. I hereby certify that I attended the deceased from 11-9-43, 19, to 11-10-43, 19; that I last saw him alive on 11-10-43, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

107

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J H Baldwin (M. D. or other)
Address Purdy Mo Date signed 11-11-43

(Licensed Embalmer's Statement on Reverse Side)

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 L. H. Blanscumb

Licensed Embalmer No. 2297

P. O. Address Monett 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.