

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 2 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. 200 Primary Registration District No. 5 227

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

1. PLACE OF DEATH:
(a) County MACON
(b) City or town CLARENCE
(c) Name of hospital or institution: 211 1/2 Main St
(d) Length of stay: In hospital or institution 67 yrs
In this community 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County MACON
(c) City or town CLARENCE R. FD 3
(d) Street No. R. 2
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME GEORGE STEPHEN PURDY
3. (b) If veteran name war no 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 24 year 1944 hour _____ minute 2 A.
21. I hereby certify that I attended the deceased from Sept 22 to Sept 24 1944
that I last saw him alive on Sept 22 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 7 1878

Immediate cause of death Auricular fibrillation Duration 5 days

8. AGE: Years 95 Months 9 Days 17 If less than one day hr. _____ min. _____

Due to Chronic myocarditis 2 yrs

9. Birthplace Kenton, Hardin Co Ohio

Due to _____
Other conditions _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Retired Farmer

PHYSICIAN 930
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Peter H. Purdy
13. Birthplace N.Y.
14. Maiden name not known
15. Birthplace Don't know

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? _____

16. (a) Informant Mr. Chas. A. Purdy
(b) Address Kingsdale Ill.
17. (a) BURIAL (b) Date thereof 10-26-1944
(c) Place: burial or cremation St. Zion

23. Signature A. L. Hailan (M. D. or other) _____
Address Clarence mo Date signed _____

18. (a) Signature of funeral director William Berkley
(b) Address Clarence mo
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

1037

OCT 5 1944

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.

Registration District No. 200

Primary Registration District No. 5729

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Clarence R.F.D.
(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 _____)

In this community _____ (years, months or days)

3. (a) PRINT FULL NAME George S. Purdy

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

4. Sex M 5. Color or race W 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 Dec 7 1884 (Month) (Day) (Year)

8. AGE: Years 95 Months 9 Days 10 If less than one day _____ min.

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

10. Usual occupation Farmer Retired

11. Industry or business _____

12. Name Peter H. Purdy N.Y.

13. Birthplace D.K. (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant Ms. Chester G. Purdy

(b) Address Kings Dale Ill

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 10-26-44 (Month) (Day) (Year)

(c) Place: burial or cremation mt Zion

18. (a) Signature of funeral director Melvin Burkholder

(b) Address Clarence, Mo

19. (a) 10/12/44 (Date received local registrar) (b) Hora B. Finkbe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macon

(c) City or town Clarence R.F.D. #3 (If outside city or town limits, write "RURAL")

(d) Street No. R 2 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 22 Year 1944 hour _____ minute 2 A.M.

21. I hereby certify that I attended the deceased from Sept 22 1944 to Sept 22 1944 that I last saw him alive on Sept 22 1944 and that death occurred on the date and hour stated above. Immediate cause of death auricula fibrillata chronic myocarditis

Duration 1 day

Other conditions: (Include pregnancy within 3 months of death)

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? _____

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

23. Signature D. L. Harlan M.D. (M. D. or other) _____

Address Clarence, Mo Date signed 9/22/44

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

MOTHER FATHER

31312