

State File No. ....

FILED NOV 20 1944  
 199

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 4478

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
31 East 55th Terrace  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 46 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 31 East 55th Terrace  
(If rural, give location)  
 (e) Citizen of foreign country? 11 (Yes or No)  
 If yes, name country 11

3. (a) PRINT FULL NAME John T Purcell  
 3. (b) If veteran, name war No Veteran  
 3. (c) Social Security No. NONE  
493-22-08123  
 4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (c) Age of husband or wife if alive 46 years  
 7. Birth date of deceased July 1 1898  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 5th day Nov  
 year 1944 hour 9:00 minute A M.  
 I hereby certify that I attended the deceased once, Nov. 5th, 1944, to  
 that I last saw him alive on November 5, 1944,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

8. AGE: Years 46 Months 4 Days 4 If less than one day hr. min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Other conditions 94a  
(Include pregnancy within 3 months of death)

10. Usual occupation None Clerk

Major findings:  
 Of operations \_\_\_\_\_

11. Industry or business optical co.

Of autopsy \_\_\_\_\_

12. Name Thomas Purcell

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

14. Maiden name Rose Lawler

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

16. (a) Informant Mrs Rose Markopoulos  
 (b) Address 31 East 55th Terrace

17. (a) Burial (b) Date thereof Nov 5 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Duirk P. John  
 (b) Address 20 West Linwood

19. (a) 11-6-44 (b) P. E. Brown  
(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? \_\_\_\_\_ (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 Duirk P. John (M. D. or other) \_\_\_\_\_  
 Address 925 Argyle Bldg. K.C. Mo. Date signed 11-6-44

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

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

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**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 Charles M. Turk

Licensed Embalmer No. 3774

P. O. Address K. C. 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.**