

FILED JAN 15 1945

Registration District No. _____

Primary Registration District No. **5062**

Registrar's No. **90**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Purdy (Rural) Purdy**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jury**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **1**
(Specify whether years, months or days)
In this community **All of life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry** **5**
(c) City or town **Purdy (Rural)** **0**
(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: _____ **1**

3. (a) PRINT FULL NAME **Edith Adkins Ghan**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Hershel Ghan** 6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased: **Oct. 27 1910**
(Month) (Day) (Year)

8. AGE: Years **34** Months **1** Days **28** hr. _____ min. _____
If less than one day

9. Birthplace **Barry Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **house wife**

11. Industry or business _____
12. Name **John Royce**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Annie Adkins**
15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hershel Ghan**

(b) Address **Purdy, Mo.**
17. (a) **Burial** (b) Date thereof **Dec 31-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Muncy Chapel**
18. (a) Signature of funeral director **Blankenship**
(b) Address **Monett - Purdy, Mo.**

19. (a) **Dec-27-1944** (b) **Audma Dulloughy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **25** year **1944** hour **8** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **10-25**, 19**44**, to **12-25**, 19**44**, that I last saw her alive on **12-24**, 19**44**, and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia and acute mastoiditis 10 days**

Due to _____
Due to _____
Other conditions **10/17**
(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 **J. D. Baldwin** (M. D. or other) **D. O.**
Address **Purdy, Mo.** Date signed **10-27-44**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6,
District File Number 145-23
Date Filed JAN 12 1945

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. Blankenship*

Licensed Embalmer No. *2397*

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.