S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 6 1945

Registration District No. 799

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1374

Primary Registration District No. 1002

Registrar's No. 373

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~~: RESEARCH HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 24-DAYS (Specify whether years, months or days)
In this community 1 MONTH

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No. 309-BRUSH CREEK BLVD. (If rural, give location) 8
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country NORWAY

3. (a) PRINT FULL NAME MRS. JOSEPHINE A PURVIS
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. WILSON K. PURVIS
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased MARCH (Month) 6 (Day) 1858 (Year)

8. AGE: Years 86 Months 10 Days 17 If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) NORWAY (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business

FATHER
12. Name UNKNOWN NELSON
13. Birthplace UNKNOWN (City, town, or county) NORWAY (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) NORWAY (State or foreign country)

16. (a) Informant MRS. HARRY WARNER
(b) Address 309-BRUSH CREEK BLVD.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 25 1945 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. MORA CEMETERY ST. JOSEPH, MISSOURI
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401-BRUSH CREEK BLVD.
19. (a) 1-23-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23 year 1945 hour 3 minute 55 A.M.
21. I hereby certify that I attended the deceased from 12-28- 1944 to 1-23- 1945 that I last saw her alive on 1-22- 1945 and that death occurred on the date and hour stated above.

Immediate cause of death PRIMARY CARCINOMA Bladder — Duration Doux Knowe
Due to 52 Yr
Due to
Other significant conditions Terminal Pneumonia E. Lung metastases
(Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy Primary Carcinoma bladder Metastases - Terminal Pneumonia

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 Gregory Beach (M. D.) MD
Address 128 Prof Bldg KC MO Date signed 1/23/45

(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.....

Licensed Embalmer No.....1767.....

P. O. Address.....Kansas City.....

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.