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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36351

State File No.

FILED DEC 19 1945

Registration District No. 1001

Primary Registration District No. 1001

Registrar's No. 4736

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: DEVINE BROS. CLINIC
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 DAYS (Specify whether
In this community 40 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State NEBRASKA (b) County HOLT 999

(c) City or town ATKINSON 25
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

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

3. (a) PRINT FULL NAME ALBERT COWDEN PURNELL

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife BERTHA PURNELL

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

7. Birth date of deceased APRIL (Month) 4 (Day) 1866 (Year)

8. AGE: Years 79 Months 7 Days 14 If less than one day hr. min.

9. Birthplace UNKNOWN (City, town, or county) OHIO 1 (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business FARMER

FATHER
12. Name JOHN PURNELL
13. Birthplace (City, town, or county) OHIO 1 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN COWDEN
15. Birthplace (City, town, or county) OHIO 1 (State or foreign country)

16. (a) Informant GEORGE C. PURNELL
(b) Address SEATTLE WASHINGTON

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 18 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Atkinson Nebraska

18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address 7401 Brush Creek Blvd.

19. (a) 11-18-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18th year 1945 hour 2 minute 45A M.

21. I hereby certify that I attended the deceased from Oct 28th, 1945, to Nov 18th, 1945, that I last saw him alive on Nov 17th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning

Due to Urinary Retention

Due to Enlarged Prostatic Prostatitis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 137a

Of autopsy

Duration

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 G. M. Jaquiss (M. D. or other)
Address 918 Oak Kansas City 2 Mo Date signed 11-18-45

(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 Oscar Toothey

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.