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FILED FEB 7 1945  
Registration District No. 362

Primary Registration District No. 6234

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Warren  
(b) City or town Rural (Elkhorn twmsp.)  
(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 life  
In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Robert Stuart Puronen

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

4. Sex male (1) 5. Color or race white 6. (a) Single, widowed, married, divorced, single (1)

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 2, 1945  
(Month) (Day) (Year)

8. AGE: Years 0 Months 2 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Washington Missouri (1)  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Otto Puronen  
13. Birthplace Brooklyn New York (1)  
(City, town, or county) (State or foreign country)  
14. Maiden name Alice Golder  
15. Birthplace Worcester Mass. (1)  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Otto Puronen

(b) Address Wright City, Mo. R.R.#2

17. (a) Burial (b) Date thereof 11-24-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) Nov. 29, 1945 (b) Mrs. Hugo Luttmann  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 27  
year 1945 hour about minute 1 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation  
Due to mother lying on child's head while sleeping  
Due to sleeping  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 1945

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident 109  
(b) Date of occurrence Mar. 27  
(c) Where did injury occur? Wright City, Warren Co. Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home  
While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. P. H. Krueger (M. D. or other) Coroner  
Address Warrenton, Mo. Date signed Mar. 25

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

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

12-6-45

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>not</sup> by me, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

3897

Warrenton, M

**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.**