

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAY 27 1948

Registration District No. _____ Primary Registration District No. 6009

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Sack River Twp
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph

(c) City or town Sack River Twp
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James D Purdy

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30 year 1946 4 hour 1.5 minute 9 M.

21. I hereby certify that I attended the deceased from Mar 10/1946 to Mar 30/1946 that I last saw him alive on Mar 25/1946, 19____, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 14 - 1861
(Month) (Day) (Year)

Immediate cause of death Myocarditis Duration months

Due to Senility

Due to _____

8. AGE: Years 85 Months 1 Days 16 If less than one day _____ hr. _____ min.

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

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 939

Of autopsy _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Henry Purdy

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Gary

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruth Jamney

(b) Address Carbo Mo

17. (a) burial (b) Date thereof April 2 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodville Cem

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? _____

(a) Signature of funeral director Delbert St...

(b) Address Mac...

19. (a) 4/10/46 (b) Leah Tallman Lowe
(Date received local registrar) (Registrar's signature)

23. Signature Robert... (M. D. or other) _____

Address ... Date signed 4/6/46

RECEIVED

District Health Officer No. 10

District File Number 5-46-954

Date Filed MAY-23-1946

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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.