

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27315

FILED AUG 27 1946
149

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3558

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 7019 Edgevale Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK J. PURCELL

3. (b) If veteran, name war No 3. (c) Social Security No. 510-07-9271

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cathleen 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased October 12, 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>10</u>	<u>4</u>	hr. min.

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

10. Usual occupation Lumberman

11. Industry or business Purcell Walnut Lumber Co.

MOTHER FATHER

12. Name Frank Purcell

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

14. Maiden name Mamie O'Connor

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

16. (a) Informant Cathleen Purcell

(b) Address 7019 Edgevale Road

17. (a) Burial (b) Date thereof 8/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. J. & J. J.

(b) Address Linwood & Main

19. (a) 8-17-46 (b) M. J. Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 16
year 1946 hour _____ minute _____ M.

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

Immediate cause of death Acute Hepatitis
not due to drug
Due to _____

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

Major findings:
Of operations _____
Of autopsy above

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) _____
(e) Means of injury _____
While at work? _____
23. Signature Frank Purcell (M.D. or other) _____
Address St. Joseph Hospital Date signed 8/19/46

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

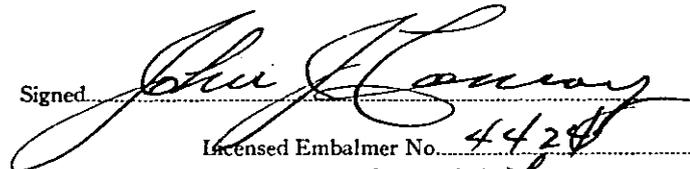
STATEMENT BY LICENSED EMBALMER

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. 4424

P. O. Address.....

20 Whitewood

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.