No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1946

Registration District No. 38

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5120

Dysart

State File No. 39625

Registrar's No. 308

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 70 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME MATTIE HALL PURDY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Purdy

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

7. Birth date of deceased 8 - 28 - 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	3	17	____ hr. ____ min.

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

10. Usual occupation At Home

11. Industry or business ____

FATHER
12. Name Isaac James Tarr
13. Birthplace ____ (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Bettie Young
15. Birthplace Callaway County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant ?Charles Purdy
(b) Address Route 1, Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Millersburg Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 12-18-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1946 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-3, 1946 to 12-15, 1946
that I last saw him alive on 12-3-, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Abdomen few yrs. Probably Gastric

Due to ____

Due to ____

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None 55F

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) 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? No (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature W. P. Dysart M.D. (M. D. or other)

Address Columbia Mo. Date signed 12-17-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-27-46

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 W. D. Whitsides

Licensed Embalmer No. 3893

P. O. Address Columbia 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.