

FILED JAN 30 1947

Registration District No. 144

Primary Registration District No. 5564

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution:
One mile North west of Annapolis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
years, months or days) one month

3. (a) PRINT FULL NAME Sally Pursell

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem. / 5. Color or race white

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

6. (b) Name of husband or wife Robert L. Pursell

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 11 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 7 8 hr. min.

9. Birthplace Pittsfield Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation retired (at home)

11. Industry or business

12. Name Unknown /

13. Birthplace Unknown /
(City, town, or county) (State or foreign country)

14. Maiden name Unknown /

15. Birthplace Unknown /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wm. R. Kramer

(b) Address Annapolis Missouri

17. (a) burial (b) Date thereof 1-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Iron ton Missouri

19. (a) 1-25-47 (b) Mrs. Anna Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 43

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

(d) Street No. One mile Northwest of Annapolis
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1947 hour 10 minute 40 P.A.M.

21. I hereby certify that I attended the deceased from Jan 18, 1947
to Jan 18, 1947 19____; and that death occurred on the date and hour stated above.

that I last saw her alive on 1/18/47 19____;

Immediate cause of death cardio vascular collapse

Due to hypertension & acute heart disease

Due to diabetes mellitus

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy (b)

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury (b)

23. Signature J. H. Hline M.D. (M. D. or other) _____

Address Iron ton, Mo. Date signed 1/20/47

RECEIVED

Office No. 4

147-160

1-29-47

NOV 22 1947

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 *Aracely White*

Licensed Embalmer No. *3012*

P. O. Address *San Antonio Tex*

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.