

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

FILED FEB 10 1947

State File No.

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 3

1. PLACE OF DEATH:

(a) County PIKE

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

(c) Name of hospital or institution:
PIKE COUNTY HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PIKE 82

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

(d) Street No. 3 1/2 MI WEST OF ST CLEMENT, MO. 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME HENRY GERHARD PURK

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1947 hour 7 minute 01 P.M.

21. I hereby certify that I attended the deceased from Jan 8, 1947, to Jan 10, 1947;
that I last saw him alive on Jan 10, 1947
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife MARY PURK

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

7. Birth date of deceased MARCH 14 1870
(Month) (Day) (Year)

Immediate cause of death Heurterage post-prostatectomy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 51B

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

76 9 26 hr. min.

9. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

12. Name JOHN PURK

13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Purk

(b) Address Bowling Green, Mo.

17. (a) _____ (b) Date thereof 1/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clement Mo.

18. (a) Signature of funeral director J. O. Mudd

(b) Address Bowling Green, Mo.

19. (a) 1-13-47 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

Major findings: Of operations Carcinoma prostate (3)

Of autopsy none

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 none

(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 attending _____ (Specify type of place) (e) means of injury 0

23. Signature J. O. Mudd (M. D. or other)

Address Louisiana, Mo. Date signed 1-10-47

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

RECEIVED
District Office No. 70
District No. 47-244
Date Filed FEB - 5 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 James C. Mudd
Licensed Embalmer No. 4152
P. O. Address Bowling Green, 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.