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M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5776

FILED FEB 19 1947
Registration District No. 286

Primary Registration District No. 5978

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Polk

(b) City or town RURAL - JOHNSON TWP.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 18 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk = 84

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

(d) Street No. JOHNSON TWP. 0
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME CONSTANTINE O. PURDIN

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7 year 1947 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from September 21, 1946, to February 6, 1947 that I last saw him alive on February 6, 1947 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 JONA V. PURDIN

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

7. Birth date of deceased Feb. 22, 1864
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>11</u>	<u>15</u>	hr. min.

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

Major findings: 93P

Of operations _____

Of autopsy _____

9. Birthplace Linn Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM PURDIN

13. Birthplace UNKNOWN IND.
(City, town, or county) (State or foreign country)

14. Maiden name LUIZA DRYDEN

15. Birthplace UNKNOWN KY.
(City, town, or county) (State or foreign country)

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) _____

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

16. (a) Informant Mrs. Mary Anderson

(b) Address Humansville, Mo.

17. (a) BURIAL (b) Date thereof Feb. 9-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HUMANSVILLE CEMETERY

18. (a) Signature of funeral director [Signature]

(b) Address Humansville, Mo.

19. (a) Feb. 13, 1947 (b) Luella Kirkpatrick
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____

Address Humansville, Mo. Date signed 7/8/47

262

(Licensed Embalmer's Statement on Reverse Side)

LA-210

---56-45-1

2 ON FRONT

RECEIVED
JUN 10 1968

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.....

W. J. Cresswell....., Registered Apprentice No. 472
working under my personal supervision.

Signed E. H. Primm.....

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.