. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23795

Registration District No. 93 Primary Registration District No. 5834 Registrar's No. 62

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Lockwood Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 75 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dade 29
(c) City or town Lockwood 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Logan Purdy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.O.
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mattie Purdy
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 6 (Month) 6 (Day) 1858 (Year)

8. AGE: Years 88 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business Retired farmer
FATHER
12. Name Thomas Purdy
13. Birthplace Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Gay
15. Birthplace Ky (City, town, or county) (State or foreign country)
16. (a) Informant Roy Purdy
(b) Address Los Angeles Calif
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Lockwood Cemetery
18. (a) Signature of funeral director E Ray Caldwell
(b) Address Lockwood Mo
19. (a) 7-15-47 (Date received local registrar) (b) Geo R. Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 11 day 11 year 1947 hour 07 minute 25 A.M.
21. I hereby certify that I attended the deceased from June 1, 1947, to July 10, 1947 that I last saw him alive on July 10, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac decompensation	
Due to Arteriosclerosis	
Due to	
Other conditions Metastatic malignancy (Include pregnancy within 3 months of death) to cervical glands	

Major findings:
Of operations
Of autopsy 55 E

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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature Frank H. Parker (M. D. or other)
Address Lockwood, Mo Date signed July 11 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File No. 747-798
Date Filed JUN 23 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

Geo. H. Newcomb, Registered Apprentice No. 30,

working under my personal supervision.

Signed E. Ray Caldwell

Licensed Embalmer No. 3380

P. O. Address Lockwood, 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.