S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31000

FILED OCT 10 1947

Registration District No. 5491

Primary Registration District No. 5491

Registrar's No.

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town 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 All life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 41
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Clay Twp. Harrison Co. Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Ann Purdun

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 Isum D. Purdun

6. (c) Age of husband or wife if alive 70 years

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

8. AGE: Years 75 Months 7 Days 28 If less than one day br. min.

9. Birthplace Harrison Co., Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Oxford
13. Birthplace Ohio /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Zimmerman
15. Birthplace Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Isum D. Purdun
(b) Address Blythedale, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 8, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Akron Cemetery, Akron Mo.

18. (a) Signature of funeral director E. J. Stoklasa
(b) Address Cainsville, Mo.

19. (a) Sept. 28-47 (Date received local registrar) (b) S. Pha Shaw, 117 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6
year 1947 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from
, 19, to 19;
that I last saw her alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Bright's Disease	
Due to Arteriosclerosis	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations 8
Of autopsy 13

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury 2

23. Signature J. B. Hyer (M or other) D.O.
Address Eagleville, Missouri Date signed 9/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Eddie J. Stoklasa Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.