

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34243

FILED OCT 19 1947
180

State File No. _____
Registrar's No. 42

Registration District No. _____ Primary Registration District No. 5468

1. PLACE OF DEATH:

(a) County Greene

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

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

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

In this community 21 Years

3. (a) PRINT FULL NAME Grace Pursley

3. (b) If veteran, name war none

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Arthur Pursley

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased September 15, 1899
(Month) (Day) (Year)

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

48 0 25 _____ hr. _____ min.

9. Birthplace Effingham, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business house wife

MOTHER FATHER

12. Name Perion Rousey

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Hargrove

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Pursley

(b) Address Turner Station, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Fred S. Thieme

(b) Address Springfield, Missouri

19. (a) Oct-16-1947 (Date received local registrar) (b) Frank B. Wiley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th
year 1947 hour 8:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 46, 1946, to Oct 10, 1947
and that I last saw him alive on work, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure

Due to Lympho-sarcoma of brain with metastases to skeleton and vital organs

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

Major findings: Of operations _____

Of autopsy _____

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

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Frank B. Wiley (M. D. or other) me ad

Address 600 West Arts, Springfield Date signed 10-11-47

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

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 Ralph H. Thiene

..... Licensed Embalmer No. 3681

P. O. Address Springfield, 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.