

FILED JAN 2 1947

Registration District No. 47

Primary Registration District No. 5172

State File No. _____

Registrar's No. 436

1. PLACE OF DEATH
(a) County Callaway
(b) City or town Rural Shamrock
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 100 W. Callaway Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jane Purvis
3. (b) If veteran, name war L
3. (c) Social Security No. ✓
4. Sex Female 5. Color of race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May-10-1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 13
year 1947 hour 3 minute 30 a.m.
21. I hereby certify that I attended the deceased from Aug 1st
to Dec 13th, 1947
that I last saw her alive on Dec 13th, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 7 3 hr. ✓ min.

Immediate cause of death Influenza
Due to Anterior S. meningitis
Due to _____

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

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

10. Usual occupation at home
11. Industry or business None
12. Name John Y. Purvis
13. Birthplace Kentucky
(City, town or county) (State or foreign country)
14. Maiden name Clifford
15. Birthplace Kentucky
(City, town or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant J. B. Wells
(b) Address Hellville Mo
17. (a) Burial, cremation, or removal Burial (b) Date thereof 12/15/47
(Month) (Day) (Year)
(c) Place: burial or cremation Deerley Church
18. (a) Signature of funeral director J. B. Wells
(b) Address Hellville Mo
19. (a) 12-20-1947 (b) J. B. Wells
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
Signature A. H. H. H. (M. D. or other) _____
Address Middleton Mo Date signed 12/15/47

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

MOTHER FATHER

District Health Officer No. 9,

RECEIVED

District File Number

Date Filed *12/21/47*

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 *Def.*

....., Registered Apprentice No.
working under my personal supervision.

Signed *S.B. Kelly*

Licensed Embalmer No. *588*

P. O. Address *Kelleville, 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.