

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1485
Registrar's No. 1

Registration District No. 1387

Primary Registration District No. 3028

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 717 E. Highland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 69 years
(Specify whether years, months or days)
In this community 69 years

3. (a) PRINT FULL NAME HENRY WALTER PUTNAM SR.

3. (b) If veteran, None 3. (c) Social Security No.
name war.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna A. Putnam 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased June 8 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Carthage Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation lumber dealer

11. Industry or business Putnam-Jones Lbr. Co

12. Name Walter Putnam

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

14. Maiden name unknown

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

16. (c) Informant William C. Putnam

(b) Address 401 Bellaire, Carthage, Mo

17. (a) burial (b) Date thereof Jan 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo

19. (a) 1-5-1948 (b) R. B. Co. Registrar's signature
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 717 E. Highland Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1948 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 2 to Jan 2, 1948
that I last saw him alive on Jan 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 12 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature R. B. Co. M. D. or other M.D.

Address Carthage, Mo Date signed 1-3-48

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

MOTHER FATHER

48-1-7

JUN 12 1937

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 Frank W. Kuehl Jr.

Licensed Embalmer No. 4440

P. O. Address Carthage

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.