

S. No. 2
M-5-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5033
Registrar's No. 653

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 11-19-47
(Specify whether unknown)

In this community unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Grandview
(If outside city or town limits, write "RURAL")

(d) Street No. 102 Colliery
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leona Frances Purdy

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th
year 1948 hour 8 minute 15 A. M.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur Eddie Purdy 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Sept. 15th 1918
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-19-47, 19____, to 2-13-48, 19____;
that I last saw her alive on 2-13-48, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 29 Months 4 Days 28 If less than one day _____ hr. _____ min.

Immediate cause of death Adenocarcinoma of Rectum with metastases

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 462

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name W.M. Parker

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

14. Maiden name unknown

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

Major findings: Of operations _____

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur Eddie Purdy

(b) Address Grandview Mo.

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? no

17. (a) removal (b) Date thereof 2-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview, Mo.

While at work? _____
(Specify type of place) (e) Means of injury

18. (a) Signature of funeral director Walter L. Taylor

(b) Address Independence Mo.

19. (a) 2-13-48 (b) Deraldine Holme
(Date received local registrar) (Registrar's signature)

23. Signature W. W. Taylor (M. D. or other) MD
Address Med. Dir. K.C. Gen. Hospital Date signed 2-13-48

(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

Wale A. Oldfield

Registered Apprentice No. *31*

working under my personal supervision.

Signed

Dixon L. Kopy

Licensed Embalmer No. *4225*

P. O. Address

Independence, 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.