

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8038

FILED MAR 24 1948

State File No. \_\_\_\_\_

Registration District No. 47

Primary Registration District No. 3164

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton R.F.D.# 5  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 22 Days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. R. F. D. # 5  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Donald Lee Purvis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Feb. / 12 1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Callaway Hosp. Fulton, MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Roy Purvis

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

14. Maiden name Evelyn Bleser

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

16. (a) Informant Roy Purvis

(b) Address Fulton, Mo. R.F.D.# 5

17. (a) Burial (b) Date thereof 3-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation United Brethern Ch Cem

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address 7 W 6th St. Fulton, Missouri

19. (a) 3-5-1948 (b) Jose M. ...  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4  
year 1948 hour 1 minute 2 M.

21. I hereby certify that I attended the deceased from 2-29  
1948 to 3-4 1948  
that I last saw him alive on 3-4 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac arrhythmia of mitral valve development

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations 59

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury 0

23. Signature W. P. ... (M. D. or other) \_\_\_\_\_  
Address 126 Fulton Date signed 3-5-48

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed MAR 19 1948

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.....

*Walter J. Haines, Jr.*....., Registered Apprentice No. *82*  
working under my personal supervision.

Signed *Denzil C. Browning*.....

Licensed Embalmer No. *2724*.....

P. O. Address. *Fullon 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.