

No. 2
-1/47
5-17-39

8878

FEDERAL BUREAU OF INVESTIGATION

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics

FILED MAR 20 1948
Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 1016

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
1663 Belleview
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Kay
(c) City or town Newkirk
(If outside city or town limits, write "RURAL")
(d) Street No. 630 North Maple
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Nannie May Purvis

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased 1 20 1976
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....
12. Name A.C. Culver
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Emelia Gilliam
15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Bryant
(b) Address 1663 Belleview

17. (a) Removal (b) Date thereof 3-4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Newkirk, Oklahoma

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City Missouri

19. (a) 3-4-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th.
year 1948 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 8, 1948, to Mar 4, 1948,
that I last saw her alive on Mar 3, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage.

Due to Arterio Sclerosis.

Due to.....

Other conditions.....
(Include pregnancy within 8 months of death)

Major findings: 830
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?.....
(Specify type of place)

While at work Off (e) Means of injury Stroke
23. Signature W. Bennett (M.-D. or other)
Address 708 W 17th St. Date signed 3/4/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

18
3
8

708 West 17th.

Dr. Counsell

I to 4 P.M.

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 _____

Joe B. Yoder

Licensed Embalmer No. *4173*

P. O. Address _____

918 Brooklyn

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.

K.C. Mo.