

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 79

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston
(c) Name of hospital or institution:
201 College Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community 13 years
years, months or days

3. (a) PRINT FULL NAME: Everett Raymond Putnam
3. (b) If veteran, name war: Not Known
3. (c) Social Security No. Not Known

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mildred Putnam
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: February 22, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 4 21 hr. min.

9. Birthplace: Milan, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation: Merchant

11. Industry or business: Market
12. Name: John W. Putnam
13. Birthplace: Kansas City, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Lida Ellen Bruner
15. Birthplace: Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mildred Putnam
(b) Address: 201 College, Sikeston, Mo.
17. (a) Burial (b) Date thereof: 7-16-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: In O. F. Cemetery, Charleston, Missouri

18. (a) Signature of funeral director: [Signature]
(b) Address: Charleston, Missouri
19. (a) 7-28-48 (b) Mrs. T. F. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Scott
(c) City or town: Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No.: 201 College 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 July day 13th
year 1948 hour 1:00 minute 30 A.M.
21. I hereby certify that I attended the deceased from 22-Mar, 1948, to 13-July, 1948,
that I last saw him alive on 13-July, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Heart Failure
Due to: Coronary Sclerosis
Hypertension 10-15 yrs
Other conditions: Cardiac Hypertrophy
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations: _____
Of autopsy: [Signature]
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature: [Signature] M. D. _____
Address: Sikeston, Mo. Date signed: 27-July-48

MOTHER FATHER

AUG 31 1949

RECEIVED

District Health Office No.

District File Number 748-9

Date Filed 7-29-49

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

John F. Nunnelle Jr.

Licensed Embalmer No.

3851

P. O. Address

Charleston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.