

FILED NOV 6 1948

Registration District No. _____

Primary Registration District No. **5336**

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

1. PLACE OF DEATH:
 (a) County Dade
 (b) City or town Greenfield, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community yrs
years, months or days

3: (a) PRINT FULL NAME William Henry Purdy
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 496-09-7345

4. Sex M D 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lois Purdy
 6. (c) Age of husband or wife if alive 30 years
 7. Birth date of deceased Mar. 31, 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 27
 If less than one day _____ hr. _____ min.

9. Birthplace Unkown
(City, town, or county) (State or foreign country)
 10. Usual occupation Carpenter

11. Industry or business _____
 MOTHER FATHER { 12. Name Tom Purdy
 13. Birthplace Unkown
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Purdy
 15. Birthplace Unkown
(City, town, or county) (State or foreign country)

16. (a) Informant Lois Purdy
 (b) Address So. Greenfield, Mo.
 17. (a) Burial (b) Date thereof Oct. 30, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pennsboro Cemetery

18. (a) Signature of funeral director W. R. Allison
 (b) Address Greenfield, Mo.
 19. (a) 10-29-48 (b) Geo. R. Wiley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Dade 29
 (c) City or town So. Greenfield, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
 year 1948 hour 8:00 minute a.m.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death not known
 Duration _____

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 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? _____

While at work? _____ (Specify type of place)
 Means of injury 3
 23. Signature St. J. Coonan (M. D. or other) _____
 Address Greenfield Mo. Date signed 10-30-48

RECEIVED

District Health Officer No. ?

District File Number 1148-1231

Date Filed 11-4-48

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.....

George W. Newcomb, Registered Apprentice No. 30
working under my personal supervision.

Signed W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Ma.

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.

S. No. 300
OM - 10-47
rv. 5-17-39
I 3908

FILED NOV 12 1948
Registration District No. _____

Primary Registration District No. 5336

Registrar's No. 85

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

1. PLACE OF DEATH:
 (a) County Dade
 (b) City or town Greenfield Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: At place of work
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community years
years, months or days

3. (a) PRINT FULL NAME William Henry Purdy
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Laird Purdy Survived _____ years
 7. Birth date of deceased: Mar 15 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 27
If less than 1 year, specify in hr. and min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER
 12. Name Tom Brody
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Purdy
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Laird Purdy
 (b) Address 50 Greenfield MO

17. (a) Burial (b) Date thereof 10-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pemberton MO

18. (a) Signature of funeral director W.R. Allison
 (b) Address Greenfield MO
 19. (a) 10-30-48 (b) W.H. Weir
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Dade
 (c) City or town So Greenfield MO
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from never
 _____, 19____, to _____, 19____;
 that I last saw h _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Not known Duration _____
Died suddenly while at
work
This man died just past
side of corporation limits
of Greenfield in Center
Township No 5336
 Other conditions _____
(Specify conditions within 3 months of death)

Major findings _____
 Of _____
 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) (e) Means of injury _____
 While at work? _____
 23. Signature W.O. Cowan (M. D. or other) _____
 Address Greenfield MO Date signed 10-30-48

S-32446

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.....

Licensed Embalmer No.....

P. O. Address.....

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.