

S. No. 300
M-10-47
Rev. 5-17-39
1 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40311
Registrar's No. 5126

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: St. Luke Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 2 ka.

3. (a) PRINT FULL NAME Charles Purdon
3. (b) If veteran, X name war X
3. (c) Social Security No. X

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

6. (b) Name of husband or wife Julia Purdon 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased: January 29 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 18 If less than one day — yr. — min.

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

10. Usual occupation Auto Salvage Shop

11. Industry or business Owner Retired

12. Name Henry Ward Beecher Purdon

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

14. Maiden name Mary Fletcher

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

16. (a) Informant Ray R. Brown
(b) Address Olathe, Kans.

17. (a) Removed (b) Date thereof 12-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olathe, Kans.

18. (a) Signature of funeral director H.E. Julian
(b) Address Olathe, Kans.

19. (a) 12-17-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Johnson
(c) City or town Olathe
(If outside city or town limits, write "RURAL")
(d) Street No. South Dudley Street
(If rural, give location)
(e) Citizen of foreign country? U.S. NO (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 17
year 1948 hour 3:22 minute 31 A.M.

21. I hereby certify that I attended the deceased from Pathologist
that I last saw him alive on —, 19—
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis, chylous
Due to Strangulated hernia.

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations found 12th
Of autopsy found

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 —
23. Signature E.C.H. Schmidt
Address St. Luke Hospital Date signed 17 Dec. 1948
(M. D. or other)

Body Not Embalmed before
Removal.

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 Chester L. Fleming
Licensed Embalmer No. 4569
P. O. Address Oshtemo, Iowa.

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.