

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 3968

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>4026</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy, Missouri</u> c. LENGTH OF STAY (in this place) <u>7</u> Years d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy, Missouri</u> d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>P</u> c. (Last) <u>Pegurson</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 21 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 1 1864</u>	
9. AGE (In years last birthday) <u>84</u>		10. UNDER 1 YEAR Days <u>8</u>		11. UNDER 1 HRS. Hours <u>20</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Laclede County Missouri</u>	
13a. FATHER'S NAME <u>David Holder</u>				13b. MOTHER'S MAIDEN NAME <u>Emma Donit</u>		14. NAME OF HUSBAND OR WIFE <u>William Pegurson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Pegurson</u> ADDRESS <u>Purdy Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myo carditis</u> ANTECEDENT CAUSES <u>Chronic int nephritis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES ☐ NO ☐				21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____				21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐			
21f. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from <u>Oct 13, 1945</u> , to <u>1-21, 1949</u> , that I last saw the deceased alive on <u>1-21, 1949</u> , and that death occurred at <u>12:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. S. Baldwin</u> (Degree or title) _____				23b. ADDRESS <u>Purdy Mo</u>			
23c. DATE SIGNED <u>1-25-49</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Jan 23</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Arnhart</u>			
24d. LOCATION (City, town, or county) (State) <u>North East of Purdy</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett & Wormington</u> ADDRESS <u>Monett Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-29-49</u>				REGISTRAR'S SIGNATURE <u>W. M. West</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 249-177

Date Filed 2-28-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, Missouri

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.