

FILED JUN 14 1945

Registration District No. 3023

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clinton Mo
(If outside city or town limits, write "RURAL")
(d) Street No. North Water St.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James William Putridge

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Putridge 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Feb 6 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business _____

12. Name Peter Putridge
13. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sapphronia Clinton
15. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Putridge

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 5 20 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Mo

18. (a) Signature of funeral director Spore & Son

(b) Address Clinton Mo

19. (a) May 19 (b) Myrtle Browder
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1945 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 7,
1945 to May 19, 1945;
that I last saw him alive on May 18, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to arteriosclerosis

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) _____
(Specify type of place) (2) Means of injury _____
23. Signature S. B. Vaughan (M. D. or other) MD
Address Clinton Mo. Date signed May 19/45

Duration

14 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
1
2

RECEIVED

District Health Officer No. 9,
By _____
Date filed _____
Number 5-45-568
6-13-43

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 W. J. Gausant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.