DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15083

FILED MAY 17 1940

Registration District No. 398 | Primary Registration District No. 5554 | Registrar's No. 117

1. PLACE OF DEATH:

(a) County Jackson Kidney Trays

(b) City or town Independence Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 (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, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town rural (If outside city or town limits, write "RURAL")

(d) Street No. 40 Highway & Putman Rd (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph Purvine 615

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

4. Sex Male | 5. Color or race Wht. | 6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife unknown | 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Dishwasher 7

11. Industry or business 9

FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Karl Kiekert (Friend)

(b) Address 40 Highway & Putman Rd 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20/40 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Cato & Speaks

(b) Address Independence Mo

19. (a) April 20 1940 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-9-40 day year hour 9 A minute M.

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

	Duration
Immediate cause of death Crushing Injury Heart & Chest	
Due to Pedestrian	
Due to Struck by Car	
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) Accident

(b) Date of occurrence 4-9-40

(c) Where did injury occur? Jackson Co Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)

While at work? (e) Means of injury

23. Signature Russell W. [illegible] (M. D. or other)

Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

I X19511

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Roland V. Speake

Licensed Embalmer No. 3604

P. O. Address Independence

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

If this body is not embalmed, above space should be left blank.