

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

26038

Registration District No.

703

Primary Registration District No.

4424

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Polk  
 (b) City or town Humansville  
 (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 \_\_\_\_\_  
years, months or days)3. (a) PRINT FULL NAME WILLIAM H. W. PUTMAN3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. NONE4. Sex Male 5. Color or race white6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Clara Putnam

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 7 1867  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
73 2 4 hr. min.9. Birthplace Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

## 11. Industry or business

12. Name William Putnam13. Birthplace Vermont  
(City, town, or county) (State or foreign country)14. Maiden name Frances Ann Byer15. Birthplace Conn.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ms. Clara Putnam(b) Address Humansville, Mo17. (a) Burial (b) Date thereof July 12 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Humansville18. (a) Signature of funeral director Joseph T. Furstone(b) Address Humansville Mo19. (a) July 24-40 (b) Geo M. Rich  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk(c) City or town Humansville  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1940 hour 5 minute 0 M.21. I hereby certify that I attended the deceased from June 7  
1940, to July 11, 1940.that I last saw him alive on July 6, 1940,  
and that death occurred on the date and hour stated above.Immediate cause of death Bright  
Liver Duration YRS

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Y  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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? Y

(e) While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature D. E. D. Brown (M.D. or other) DOAddress Callins Mo Date signed July 22 1940

MAR 18 1946

RECEIVED

District Health Officer No. 7  
District file number 8-40-1217  
Date filed 8-15-40

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

*Paul G. [Signature]*

Licensed Embalmer No. 3980

P. O. Address *College Ave.*

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, above space should be left blank.