

S. No. 2
-11-10-39
5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27445

Registrar's No.

3078

Registration District No.

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 K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1629 Topping
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

Jennie Purcell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex fe

5. Color or race w

6. (a) Single, widowed, married, divorced Widow

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

6. (b) Name of husband or wife unknown

7. Birth date of deceased unknown

(Month) (Day) (Year)

8. AGE:

Years 78

Months x

Days x

If less than one day

hr. min.

9. Birthplace Cleveland Ohio

(City, town, or county)

(State or foreign country)

10. Usual occupation nurse

11. Industry or business _____

12. Name Sam Stuyvesant

(City, town, or county)

13. Birthplace New York

(City, town, or county)

(State or foreign country)

14. Maiden name unknown

15. Birthplace unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant Roy Willis

(b) Address Parkville mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 8-1-40

(Month) (Day) (Year)

(c) Place: burial or cremation Cremated Cen

18. (a) Signature of funeral director H. Tigerman

(b) Address K.C. mo

19. (a) Aug. 1, 1940

(Date received local registrar)

(b) M.M. Crowe

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1940 hour 9 minute 05 A. M.

21. I hereby certify that I attended the deceased from July 12.5, 1940, to July 31, 1940,
that I last saw h. ex. alive on July 31, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death:

Fracture neck left femur 9 days
Due to accident

Due to fatty emboli

Other conditions: gla
(Include pregnancy within 3 months of death)

Major findings:

Of operations: Fracture neck femur - hip nailed
Of autopsy: none

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 July 22, 1940
(c) Where did injury occur? Kansas City Jackson mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place
(Specify type of place) (e) Means of injury: fall

23. Signature Jac. Ottaviano (M. D. or other)
Address Kansas City, mo. Date signed 8/1/40

Dr. Clouner
Proof Bldg

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.....

Francis Walton

, Registered Apprentice No. *2744*

working under my personal supervision.

Signed

Francis Walton

By J. H. Pigeonman

Licensed Embalmer No. *2744*

P. O. Address *H. P. Mo.*

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.