FILED MAR 17 1941

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

8394
Do not use this space.

1. PLACE OF DEATH
(a) County Stone — Registration District No. 842 104
(b) Township Lincoln — Primary Registration District No. 6259 0 — Registered No.
or
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

104
0
0

2. PRINT FULL NAME William E. Puett 0
(a) Residence, No. Galena Mo Rural
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 - 1866
7. AGE: YEARS 74 — MONTHS 1 — DAYS 11 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER
13. NAME John G. Puett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

MOTHER
15. MAIDEN NAME Mary Boss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Lois Puett Crane Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mars Hill DATE 1-26 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. H Manlove Crane Mo.
20. FILED Jan 25 1941 Mrs Ethel Doggett Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24 1941
22. I HEREBY CERTIFY, That I attended deceased from 1939 to 1-24 1941
I last saw him alive on January 23 1941 Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Progressive muscular dystrophy | ? |
| Myocarditis | |

Other contributory causes of importance: 156 B

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. P. Popetti, M. D.
766 (Address) Crane, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

1 X16805

RECEIVED
District Health Officer No. 6
District File Number 341—436
Date Filed MAR 12 19

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**STATEMENT BY LICENSED EMBALMER**

MAR 12

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**