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23122

State File No. _____

Filed AUG 19 1941 233
Registration District No. _____

Primary Registration District No. 5954

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town RURAL - Sherman Miss
(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 _____ (Specify whether)

years, months or days

3. (a) PRINT FULL NAME EMMETT LEE - PUTNAM

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M - W 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 2 1924
(Month) (Day) (Year)

8. AGE: Years 16 Months 11 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Farm work

12. Name Hallie D Putnam

13. Birthplace Putnam Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Viola Van Dyke

15. Birthplace Putnam Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant H D Putnam

(b) Address Powersville, Mo.

17. (a) Burial (b) Date thereof July 8 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Local Burial

18. (a) Signature of funeral director Wm. J. ...

(b) Address Unionville Mo.

19. (a) July 16 - 1941 (b) Mr. E. B. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam

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

(d) Street No. Powersville, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day sixth
year 1941 hour 1:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning while wading in a pond

Due to _____

Due to 183

Other conditions 310
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident of

(b) Date of occurrence July 6 - 1941

(c) Where did injury occur? Powersville, Putnam, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm 1/2 mile from home
While at work? no (Specify type of place) (e) Means of injury 3

Signature Wm. J. ... Coroner
(M. D. or other)

Address Unionville, Missouri Date signed 7-7-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-41-1488

Date Filed AUG 13 1941

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 Muel E. Husted

Licensed Embalmer No. 3304

P. O. Address Unionville

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

If this body is not embalmed, fact should be so stated above.