

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7568

Registration District No. 724

Primary Registration District No. 5955

Registrar's No. 19

1. PLACE OF DEATH:

- (a) County PUTNAM
 (b) City or town RURAL YORK TOWNSHIP
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
POWER STATION, MO
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 80 years
 years, months or days

8. (a) PRINT FULL NAME EDGAR JULIAN PUTNAM8. (b) If veteran, name war 8. (c) Social Security No. 4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED6. (b) Name of husband or wife MARY PUTNAM 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased AUGUST 18 1854
(Month) (Day) (Year)8. AGE: Years 87 Months 5 Days 16 If less than one day _____ hr. _____ min.9. Birthplace SUTTON MASSACHUSETTS
(City, town, or county) (State or foreign country)10. Usual occupation FARMER11. Industry or business FARM12. Name DEXTER PUTNAM13. Birthplace MASSACHUSETTS
(City, town, or county) (State or foreign country)14. Maiden name RUBY TORREY15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Nelle Harwood(b) Address Princeton, Mo.17. (a) BURIAL: (Burial, cremation, or other) (b) Date thereof 7-6-42
(Month) (Day) (Year)(c) Place: burial or cremation TORREY CEMETERY18. (a) Signature of funeral director Constance Gannett(b) Address Princeton, Mo.19. (a) 7/12/42 (b) R. C. Torrey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County PUTNAM
 (c) City or town Rural - York Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. Princeton, Mo.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 4
year 1942 hour 10:00 minute _____ A.M.21. I hereby certify that I attended the deceased from Sept.
_____, 1941, to Feb. 3, 1942;
that I last saw him alive on Feb. 2, 1942;

and that death occurred on the date and hour stated above.

Immediate cause of death Decompensation heart, following a cardio-vascular-renal degeneration Duration 5 yr.Due to SenilityDue to Hypostatic pneumonic process resulting from edemaOther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy None made 12/10

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

(a) Accident, suicide, or homicide (specify) None

(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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____23. Signature A. S. Bristow (M. D. or other) MDAddress Bristow Bldg. Date signed 2/4/42
Princeton, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-72-439

Date Filed MAR 13 1942

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 John N. Comstock
Licensed Embalmer No. 3891
P. O. Address Unionville, 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.