S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. S-20222

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2535

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3231 Prospect Ave. "Tate Conv. Home"
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3½ Months (Specify whether
In this community ten years
years, months or days) Ten yeras

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1652 Belleview 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Almenia COSSEBOOM.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 5th 1867 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
74	#####	8	27	hr. min.

9. Birthplace Hyndman Penna (City, town, or county) (State or foreign country)

10. Usual occupation Invalid at home

11. Industry or business

FATHER
12. Name John Purbaugh
13. Birthplace (City, town, or county) Penna (State or foreign country)

MOTHER
14. Maiden name Katherine Logue
15. Birthplace (City, town, or county) Penna (State or foreign country)

16. (a) Informant Miss Katherine E. Kenry
(b) Address 929 So. St. John's Ave. Highland Park Ills.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/4/42. (Month) (Day) (Year)
(c) Place: burial or cremation Vinton IOWA.

18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.

19. (a) July 4, 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1942 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from June 3, 1942 to June 24, 1942
that I last saw her alive on June 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Heart disease

Due to Generalized Arteriosclerosis

Other conditions Cardiac Decomp.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93D

Of autopsy

Duration

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)

(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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Harold Hassman (M. D. or other) MD
Address 2008 Bryant Bldg. Date signed 7/3/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Passman
Bryant Bldg.

Have requested the record of cremation

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.....

Licensed Embalmer No. 299 K C

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, fact should be so stated above.