FILED DEC 10 1942

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

Do not write this space 37524

60 0 0

1. PLACE OF DEATH
(a) County Mc Donald — Registration District No. 196
(b) Township ~~Twp.~~ Elk River — Primary Registration District No. 5716-4308 — Registered No.
(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.

2. PRINT FULL NAME Daisy Deen Puryear
(a) Residence, No. St. 0
(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: Female
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: Dan Puryear
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 12 1874
7. AGE: Years 68 — Months 2 — Days 26 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
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): Ark.

FATHER
13. NAME: William Raughton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Martha Bates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

17. INFORMANT: Dan Puryear
(ADDRESS) Noel, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Daniels Cem. DATE 19
Near Hiawasee Ark.

19. FUNERAL DIRECTOR: Wm Morris Pope
(ADDRESS) Wheaton, Mo.

20. FILED Nov 16 1942 Mrs E.M. George Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1942 to Nov. 1942
I last saw her alive on Nov. 6 1942 Death is said to have occurred on the date stated above, at 11:50 A. M.
The principal cause of death and related causes of importance were as follows:

Congestive Failure (Organic Heart Trouble) — Date of onset

Other contributory causes of importance: Chronic Nephritis

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) J. H. Pearson, M. D.
(Address) Sulphur Springs Ark.

(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.

50M-7-20-37 I X12004

Dr. Beard
Quincy Company

RECEIVED
District Health Officer No. 6,
District File Number 1-2-42-1698
Date Filed DEC 8 1942

STATEMENT BY LICENSED EMBALMER

I, Wm Morris Pogue, Licensed Embalmer No. 3442

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Wm Morris Pogue

Licensed Embalmer No. 3442

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.)