

FILED JAN - 6 1943

Registration District No. 176

Primary Registration District No. 3020

Registrar's No. 100

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

1. PLACE OF DEATH:

(a) County: Franklin

(b) City or town: Washington MO

(c) Name of hospital or institution: St Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days  
(Specify whether years, months or days)

In this community: 44 years  
(years, months or days)

3. (a) PRINT FULL NAME: Frank Pursely

3. (b) If veteran, name war: NO

3. (c) Social Security No.: None

4. Sex: Male 5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Edith Pursely

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: 28 (Month) 22 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>9</u>	<u>14</u>	hr. min.

9. Birthplace: Coberstville MO  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: \_\_\_\_\_

MOTHER FATHER

12. Name: Sam Pursely

13. Birthplace: Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name: Edith Moore

15. Birthplace: Londell MO  
(City, town, or county) (State or foreign country)

16. (a) Informant: Martha Pursely

(b) Address: Leepberry MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/9/42  
(Month) (Day) (Year)

(c) Place: burial or cremation: Mount Olive

18. (a) Signature of funeral director: Easy & Lewis

(b) Address: St Clair MO

19. (a) 12/8/42 (Date received local registrar) (b) Luella Ruetter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Franklin

(c) City or town: Londell MO  
(If outside city or town limits, write "RURAL")

(d) Street No.: Rt No 2  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6  
year 1942 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12/2  
1942 to 12/6 1942  
that I last saw him alive on 12/6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to: Chr. nephritis

Other conditions (Include pregnancy within 3 months of death): \_\_\_\_\_

Major findings: 12/12

Of operations: \_\_\_\_\_

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: \_\_\_\_\_

23. Signature: W. D. ... (M. D. or other) \_\_\_\_\_

Address: ... Date signed: 12/2/42

**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.....

*Geo. L. Hughes*

Licensed Embalmer No. *3008*

P. O. Address.....

*Pacific 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, fact should be so stated above.**