

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36871

FILED MAR 8 1944

State File No. ....

Registration District No. 170

Primary Registration District No. 5630

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon Rural R# 4  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lebanon Jun  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAMES JOSEPH ANDREW PURDY

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife Bessie Purdy

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept 5 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 5 10 hr. \_\_\_\_\_ min.

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

10. Usual occupation Optometrist

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

12. Name Robert A Purdy

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

14. Maiden name Martha J Culbertson

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph H. Purdy

(b) Address Lebanon Mo R# 4

17. (a) Burial (b) Date thereof 2-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo

19. (a) Mar-4-44 (b) Grace Popel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1944 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 12, 1944, to Feb 18, 1944, that I last saw him alive on Feb 14, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 4 days

Due to advanced age and weakness

Other conditions (Include pregnancy within 3 months of death) 0/107

Major findings: C. G. Costan

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

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

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

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

53  
0  
0

53

MOTHER FATHER

Received .....

Laclede County Health Unit

File No. 2-44-27 .....

Date Filed 3/7/44 .....

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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 *Dorsey M. Howe* .....

Licensed Embalmer No. *4222* .....

P. O. Address *Lebanon 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.