

FILED APR 6 1944

State File No. 1202

Registration District No. 179

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Conley Clinical Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Month  
(Specify whether  
In this community 4 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
Street No. 2002 Benton  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country d

3. (a) PRINT FULL NAME GEORGIA SUE PURSLEY

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced LD

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 3 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 1 11 hr. min.

9. Birthplace Bakersfield California  
(City, town, or county) (State or foreign country)

10. Usual occupation Bakersfield

11. Industry or business

12. Name Homer Pursley

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

14. Maiden name Helen

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

16. (a) Informant Mary Helen Pursley

(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof 3-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Hutcheson & Co.

(b) Address Bakersfield Missouri

19. (a) Mar 16 1944 (b) To E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th  
year 1944 hour 2:50 minute A. M.

21. I hereby certify that I attended the deceased from Feb 16  
1944 to March 13th 1944;  
that I last saw her alive on 10:30 P.M. March 13 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
1. Bilateral Pansinusitis Duration 1770  
2. Mastoiditis, right 1770

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Including those that preceded death):  
toxic agranulocytosis and anemia

Major findings:  
Of operations mastoiditis, right  
Bilateral Pansinusitis  
Of autopsy Vegetations, meningitis  
retinal chorocephalus

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 John W. Geiger (M. D. or other) Dr

Address Kansas City Mo Date signed 3/14/44

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

*S. B. Hutcherson*

Licensed Embalmer No. *13 21*

P. O. Address *Bellevue, 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.