

**FILED JUN 8 1944**

Registration District No. \_\_\_\_\_

Primary Registration District No. 1020

Registrar's No. 576

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Mo. Methodist Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 days  
(Specify whether  
 In this community 72 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 221 South 12th  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** JAMES FRANKLIN PURDY

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

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

6. (b) Name of husband or wife Susie W. Purdy  
 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November 2 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 6 29 hr. \_\_\_\_\_ min.

9. Birthplace Platte county Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation retired clerical worker

11. Industry or business Burlington Railroad

12. Name John Thomas Purdy

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

14. Maiden name Sarah Elizabeth Bagby

15. Birthplace Charleston W. Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Franklin Purdy

(b) Address 221 South 12th

17. (a) burial (b) Date thereof 6/2/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Heaton Bette & Bowman

(b) Address 319 South 10th

19. (a) 6/2/44 (b) William L. Pickle  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 31  
 year 1944 hour \_\_\_\_\_ minute 11 P M A.

21. I hereby certify that I attended the deceased from Jan. 1 1944 to May 31 1944  
 that I last saw him alive on May 31 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral bronchopneumonia Duration 5 days  
 Due to Auricular fibrillation 5 hrs.  
 Due to Chronic myocarditis 1 yr.

Other conditions X  
(Include pregnancy within 3 months of death)

Major findings: X  
 Of operations \_\_\_\_\_  
 Of autopsy X

**930**

**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?

23. Signature Calvin Wortley, M.D. (M. D. brother)  
 Address St. Joseph, Mo. Date signed 6-7-44  
(Specify type of place) (e) Means of injury \_\_\_\_\_

MOTHER FATHER

1391

Ms. Cabray Mortuary  
Condy Bldg.

87 NDC

**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 *Frank A. Gouma*

Licensed Embalmer No. 1710

P. O. Address St. Joseph VI

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.