

S. No. 2
1-8-43
5-17-39
P I X37823

FILED AUG 27 1946
Registration District No. 27

Primary Registration District No. 5998

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town York Township

(c) Name of hospital or institution: Lawrenceville Mo RFD
(If outside city or town limits, write "RURAL" and name of township)

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

In this community sixty one years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Putnam

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

(d) Street No. Lawrenceville, MO
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Effie Berdella Putnam

3. (b) If veteran, name war ###

3. (c) Social Security No. ###

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife W.A. 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 7 30 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1932 to Aug 4 1946
that I last saw her alive on July 14 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 0 Days 6 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic myocarditis

Due to _____

Due to Chronic Rheumatoid Arthritis

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

Duration 35 yrs

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

10. Usual occupation House wife

Major findings:
Of operations _____

Of autopsy 9/30

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name George D. Smith

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

14. Maiden name Florance Hamlin

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

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? _____

16. (a) Informant W. P. Putnam

(b) Address Lawrenceville

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 8 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Torry Cemetery

18. (a) Signature of funeral director Husted & Son

(b) Address Unionville Mo.

19. (a) 8-12-46 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

23. Signature L. W. McDonald (M. D. or other) Do

Address Unionville, MO Date signed 8-8-46

246

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

RECEIVED
District Health Officer No. 10
District File Number 8-46-1610
Date Filed --- AUG 25 1945 ---

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.....

Kenneth M. Slavens ; Registered Apprentice No. *478*
working under my personal supervision.

Signed *E. O. Hursted*

Licensed Embalmer No. *2975*

P. O. Address *Unionville, 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.