

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

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 1 1946 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 41

Registration District No. 234 Primary Registration District No. 4352

1. PLACE OF DEATH:
(a) County Morgan
(b) City or town Versailles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan 71
(c) City or town Versailles
(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 NAME George W. Purvis
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 17
year 1946 hour 9 minute P. M.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jannette T. Purvis 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased May 30 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1, 1946, to Oct 17, 1946
that I last saw him alive on Oct 16, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 4 Days 17 If less than one day _____ hr. _____ min.

Immediate cause of death arterial sclerosis unknown
Duration _____

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

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

10. Usual occupation Retired Farmer

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: _____
Of operations _____
Of autopsy 97

11. Industry or business:
12. Name Henry Purvis
13. Birthplace Cole County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Phillips
15. Birthplace Unknown Tenn.
(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 Ralph Purvis
(b) Address Versailles, Missouri
17. (a) Burial (b) Date thereof Oct. 19-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Versailles, Cemetery

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature A. J. Gunn (M. D. or other) _____
Address Versailles, Mo Date signed Oct 19 1946

18. (a) Signature of funeral director A. F. Gillett
(b) Address Versailles, Missouri
19. (a) 10-23-1946 (b) J. J. Washburn
(Date received local registrar) (Registrar's signature)

RECORDED
District Health Officer No. 7
District File Number 8-46-2003
Date Filed 10-28-45

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 *W. F. Keenell*

Licensed Embalmer No. *1596*

P. O. Address. *Versailles 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.

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State File No. Nov
Registrar's No. 41

Registration District No. 236 Primary Registration District No. 1352

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Waverly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME George W. Purvis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

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

8. AGE: Years 86 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-23-46 (b) J. Washburn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 23 Year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____; 19____; that I last saw him _____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 _____

SUPPLEMENTARY

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

34240