No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13106

FILED MAY 5 1948

Registration District No. 56

Primary Registration District No. 2001

Registrar's No.

49
2

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

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")

(d) Street No. 622 S. Hall St 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Phyllis June Purcell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 23 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 13 hr. min.

9. Birthplace Webb City (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation

11. Industry or business

FATHER
12. Name Lawrence Purcell 0
13. Birthplace Purcell, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth Davis
15. Birthplace Carterville, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Lawrence Purcell
(b) Address 622 S. Hall Webb City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Purcell Cem.

18. (a) Signature of funeral director JOHNSTON-ARNCE-SIMPSON MORTUARY
(b) Address Webb City, Mo.

19. (a) 3-27-48 (Date received local registrar) (b) Dolores Lampkins DR (Registrar's signature) 1/28

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1948 hour 6 minute P M.

21. I hereby certify that I attended the deceased from March 23, 1948, to March 23, 1948; that I last saw her alive on March 23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	1 day.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature [signature] (M. D. or other)

Address Webb City Mo Date signed 3/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-4-333

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 Jack C. Simpson, Registered Apprentice No. 38, working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.