S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26547

FILED AUG 26 1948

Registration District No. 1019

Primary Registration District No. 1002

Registrar's No. 3101

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

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 General Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days (Specify whether
In this community 10 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 116 West 38th Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles E. Puryear

3. (b) If veteran, name war World War 2

3. (c) Social Security No. 405-22-9075

4. Sex male 0

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 May (Month) 17 (Day) 1924 (Year)

8. AGE:

Years	Months	Days	If less than one day
24	2	11	hr. min.

9. Birthplace (City, town, or county) Ky. (State or foreign country) 1

10. Usual occupation Student

11. Industry or business Watch Maker School

FATHER
12. Name Geo. Puryear
13. Birthplace (City, town, or county) Ky. (State or foreign country) 1

MOTHER
14. Maiden name Ruby Whitledge
15. Birthplace (City, town, or county) Ky. (State or foreign country) 1

16. (a) Informant C. Roy Bixler
(b) Address 4129 Eaton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation Henderson, Ky.

18. (a) Signature of funeral director Earp & Sons
(b) Address 4139 East 15th St.

19. (a) 7-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28
year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Corner, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fractured skull	
Due to Fractured left leg	
Due to Internal injuries Auto & pedestrian	
Other conditions (Include pregnancy within 3 months of death) 170C-6	
Major findings: Of operations 21	
Of autopsy no History & Inspection	

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) accident
(b) Date of occurrence 7-17-48
(c) Where did injury occur? Jackson (City or town) mo (County) 123 (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury Auto Trauma

23. Signature James C. Walker 3 (M. D. or other) Corner
Address 1424 Prof Bldg Date signed 7-28-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JS OCT 18 1960

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 James W. Earp, Registered Apprentice No. 203, working under my personal supervision.

Signed John B. Earp

Licensed Embalmer No. 2555

P. O. Address R. C. 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.