

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30139**

FILED OCT 1 1948 56  
Registration District No. \_\_\_\_\_

Primary Registration District No. **2001**

Registrar's No. \_\_\_\_\_

**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:  
JOPLIN GENERAL 6  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 days  
 (Specify whether years, months or days) 58 Years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jasper **41**  
 (c) City or town Joplin **2**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 923 Wall Street **5**  
 (If rural, give location) **0**  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** WILLIAM WESLEY PURKETT  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE **0** 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife NINA E. PURKETT  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased OCTOBER 8 1877  
 (Month) (Day) (Year)

**8. AGE:**

| Years     | Months    | Days     | If less than one day |
|-----------|-----------|----------|----------------------|
| <u>70</u> | <u>11</u> | <u>6</u> | hr. _____ min. _____ |

9. Birthplace Fall River, Kansas  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Co-Owner, Laundry & Mfg

**MOTHER FATHER**

12. Name No record **7**  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) **7**  
 14. Maiden name No record  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) **7**

16. (a) Informant Nina E. Purkett

(b) Address 923 Wall Street, Joplin, Mo

17. (a) Burial (b) Date thereof 9-16-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark, Joplin, Mo

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 9-21-48 (b) Eldo J. Jorgensen  
 (Date received local registrar) (Signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September Day 14  
 year 1948 hour 2:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 5,  
1948 to Sept. 14, 1948;  
 that I last saw him alive on Sept 13, 1948,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion  
 \_\_\_\_\_  
 \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy OHU  
**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) **2**  
 (e) Means of injury \_\_\_\_\_

23. Signature E. J. Jorgensen or other DO.  
 Address 19 Frisco Bldg. Joplin, Mo. Date signed 9/16/48

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

**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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**