S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33462

FILED NOV 1 1948

Registration District No. 4

Primary Registration District No. 3038

Registrar's No. 89

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McLarney Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1½ Days (Specify whether In this community 1 month. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Brookfield (If outside city or town limits, write "RURAL") 1
(d) Street No. 517 E Sedgwick (If rural, give location) 2
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Henry Prewitt Purdin
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 Widowed
6. (b) Name of husband or wife Laura May Purdin
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased February (Month) 5 (Day) 1866 (Year)

8. AGE: Years 82 Months 8 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Linneus (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Farmer.
11. Industry or business
FATHER
12. Name Luther Purdin
13. Birthplace Sullivan County (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Susan Lane.
15. Birthplace Not Known (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Lula Smith
(b) Address Chula Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Morris Chapel
18. (a) Signature of funeral director E.J. Robertson Funeral Home
(b) Address Laredo
19. (a) 10-18-48 (Date received local registrar) (b) W B Irwin (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16 year 1948 hour 1 minute 25 AM.
21. I hereby certify that I attended the deceased from 10-14 1948, to 10-16 1948; that I last saw him alive on 10-15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure following 20% 2nd and 3rd degree burns — Duration 2 days
Due to
Due to
Other conditions Arteriosclerosis (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) Extensive burns.
(b) Date of occurrence 10-14-48
(c) Where did injury occur? Brookfield (City or town) Linn (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home (Specify type of place)
While at work? Yes (e) Means of injury Burns
23. Signature E. T. Olson MD M. D. ~~or other~~ 0
Address Brookfield Mo. Date signed 10-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.