

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4110**
 BIRTH NO. 48-46258 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1516 Spring St. (home)		d. STREET ADDRESS (If rural, give location) 1516 Spring St.	

3. NAME OF DECEASED (Type or Print) a. (First) CHAROLATE b. (Middle) FAY c. (Last) PURCELL			4. DATE OF DEATH (Month) (Day) (Year) 2 25 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH AUG-23-1948		9. AGE (In years last birthday) 6		10. UNDER 1 YEAR 2 11. UNDER 1 MRS. 0 12. UNDER 1 MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S. A.					

13a. FATHER'S NAME Raymond Purcell		13b. MOTHER'S MAIDEN NAME Evelyn J. Curtis		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Purcell (father) St. Joseph, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia (acute) ANTECEDENT CAUSES Acute Cold and Bronchitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) Baby was found dead in bed with its mother, about 8 am, on Feb 25-1949. It had a cold for the past two weeks, and a severe cough for the past three days. The baby did not appear to be ill when last seen by its mother at 7:30 am, before she discovered it was dead at 8 am, the same day 2/25/49				INTERVAL BETWEEN ONSET AND DEATH 1 day 2 weeks NAIX	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY/TOWN OR TOWNSHIP (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					

22. I hereby certify that I attended the deceased from on 2/25, 1949, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)		23b. ADDRESS St. Joseph, Mo. 404 So 3d st		23c. DATE SIGNED 2/25/49	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 2-26-1949		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John C. Cupp, St. Joseph, Mo.			
DATE REC'D BY LOCAL REG. Feb. 28, 1949		REGISTRAR'S SIGNATURE Co. C. Jenkins			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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, ~~on~~ by

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.