

DEC 10 1939

Registration District No. 266

Primary Registration District No. 5378

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Dent 2
(b) City or town Rural Watkins
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 1
(c) City or town Rural Watkins
(If outside city or town limits, write "RURAL")
(d) Street No. XXXX (If rural, give location)
(e) If foreign born, how long in U. S. A.? XXX years.

8. (a) PRINT FULL NAME Mrs Flora Jane Murray

8. (b) If veteran, name war XXXX 8. (c) Social Security No. XX

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife L. M. Murray 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased July 3 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Dent Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business XXXXX

MOTHER FATHER { 12. Name John McNeill
13. Birthplace --- N. Carolina (City, town, or county) (State or foreign country)

{ 14. Maiden name Ellen Jones
15. Birthplace Dent Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wras Headlock
(b) Address Salem Mo

17. (a) burial (b) Date thereof 9/19/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Harmony

18. (a) Signature of funeral director Carl K. Spencer
(b) Address Salem Mo

19. (a) Sept 19 1939 (b) A. S. Kuttler M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1939 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept. 10th, 1939, to Sept. 16th, 1939
that I last saw her alive on Sept. 16th, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Asd
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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) (e) Means of injury
23. Signature Maurin Grossman (M. D. or other) md.
Address Salem, Missouri Date signed 9/19/39

WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 1931

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 ~~XXXX~~

Registered Apprentice No. ~~XXXX~~

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 1039277

Date Filed 10 6 39

Signed

Carl H. Spencer

Licensed Embalmer No.

2320

P. O. Address

Salem 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, above space should be left blank.