

No. 2
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17-39
X21492

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

FILED FEB 13 1940

STANDARD CERTIFICATE OF DEATH

State File No. 2404

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

8. (a) PRINT FULL NAME JAS PER MURRAY 600

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

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: Jan 5 1856
(Month) (Day) (Year)

8. AGE: Years 7 Months 84 Days 0 18 hr. _____ min.

9. Birthplace: Sandusky Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: Farming

12. Name: David Murray

13. Birthplace: Ohio
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. James K Cook

(b) Address: R#5 Springfield, Mo.

17. (a) Funeral (b) Date thereof: Jan 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Springfield, Mo.

18. (a) Signature of funeral director: J. H. Langner

(b) Address: Springfield, Mo.

19. (a) 1-24-1940 (b) Chas. D. George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. R#5 2304 N. Newton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1940 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug 17th
17, 1939 to Jan 23, 1940
that I last saw him alive on Jan 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis (apoplexy)
Due to: arterio sclerosis

Due to: J2V

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations: _____

Of autopsy: ✓

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: _____

Signature: Edward Brown (M. D. or other)

Address: Madison Park, Springfield, Mo. Date signed: Jan 24 '40

Duration 24 hrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

EX-107-1-587

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

William Paul Rhodes

Licensed Embalmer No.....

4071

P. O. Address

Springfield

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.

X