

I X16695

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2484
Do not use this space.

FILED FEB 3 1940

1. PLACE OF DEATH Harrison 2
 (a) County Harrison Registration District No. 341
 (b) Township Ridgeway Primary Registration District No. 4204
 (c) City or Ridgeway (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME LOO PATRICK HENRY MURRY
 (a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maria Hembest
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1864
 7. AGE YEARS 75 MONTHS 6 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, book keeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) Jan 1926 11. Total time (years) spent in this occupation 60
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Can Wren Ia
 FATHER 13. NAME John Murry 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk
 MOTHER 15. MAIDEN NAME America Jane Thompson 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk
 17. INFORMANT (ADDRESS) Gay Murry Hardwood, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE 1/23 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. P. Cogan Ridgeway, Mo
 20. FILED 1/23 1940 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1940
 22. I HEREBY CERTIFY, that I attended deceased from May 5 - 1940, to Jan 20 - 1940
 I last saw him alive on Jan 17 - 1940 Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
 Cerebral hemorrhage
 Secondary pneumonia
 Date of onset 1-12-40
 Other contributory causes of importance: Senility and secondary pneumonia
 Name of operation None Date of _____
 What test confirmed diagnosis? Phys. Sect. Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) L. E. Brimer, M. D.
 (Address) Ridgeway, Mo.

RECEIVED BY THE CLERK OF THE DISTRICT
INDEX CARD RETURNED TO DISTRICT
DATE 1-9-67

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.....

J. P. Ragau

Licensed Embalmer No.....

2026

P. O. Address.....

Redgway

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.