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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18978

JUN 13 1940

Registration District No. 547 — Primary Registration District No. 3029 — Registrar's No. 152

1. PLACE OF DEATH:

(a) County: Marion
(b) City or town: Hannibal MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barring Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DEATH:

(a) State: Missouri (b) County: Marion
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Warren Township Marion Co
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Albertise Sheets Murray 600
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Ardella Ballit Murray
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April (Month) 2 (Day) 1872 (Year)

8. AGE: Years 68 Months 1 Days 11 If less than one day hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
12. Name (FATHER): John Murray
13. Birthplace (FATHER): MO (City, town, or county) (State or foreign country)
14. Maiden name (MOTHER): Harriet Ann Hubbard
15. Birthplace (MOTHER): MO (City, town, or county) (State or foreign country)
16. (a) Informant: Vesta M. Yates
(b) Address: Monroe City, MO. R#3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 15 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Odd Fellows Hannibal MO
18. (a) Signature of funeral director: Oscar Risan
(b) Address: Hannibal MO
19. (a) May 14 1940 (Date received by registrar) (b) W. A. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1940 hour 7:15 minute P.M.
21. I hereby certify that I attended the deceased from May 12, 1940, to May 13, 1940, that I last saw him alive on May 13, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Lung Pressure from Obstructive Arteriosclerotic lesions of Vertebrae — about 5 yrs
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): Gall
Major findings:
Of operations:
Of autopsy:

Duration

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: J. Earl Bryan M.D. (Coroner or Physician)
Address: Hannibal Mo. Date signed: 5/14/40

(Licensed Embalmer's Statement on Reverse Side)

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 E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.