

Registration District No. 385

Primary Registration District No. 5526

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell
 (b) City or town Rural, Willow Springs Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Co. 1739, C.C.C., Willow Springs, Missouri
(If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution 2
(Specify whether
 In this community 10 years
years, months or days)

3. (a) PRINT FULL NAME ROY MURRELL

8. (b) If veteran, name war —
 3. (c) Social Security No. (358-09-9020)

4. Sex Male 5. Color on 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 January 28, 1919
(Month) (Day) (Year)

8. AGE: Years 21 Months 4 Days 22
 If less than one day — hr. — min.

9. Birthplace Willow Springs, Mo. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Civilian Construction Corp.

12. Name Charles S. Murrell

13. Birthplace Howell County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wilkinson

15. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles S. Murrell

(b) Address Route #1, Willow Springs, Mo.

17. (a) Burial (b) Date thereof June 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Creek Rest yard

18. (a) Signature of funeral director J. B. ...

(b) Address Willow Springs, Mo. 6515

19. (a) 6-21-40 (b) Nanette Ferguson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Co. 1739, C.C.C., Willow Springs
(If rural, give location)
 (e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th
 year 1940 hour Eleven minute 50 A.M.

21. I hereby certify that I attended the deceased from June 20th 1940
 to — 1940;
 that I last saw him alive on June 20, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Electrical shock

Due to Lightning

Due to —
 Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
 Of operations —
 Of autopsy —

Duration
 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) Accident
 (b) Date of occurrence June 20, 1940
 (c) Where did injury occur? Willow Springs, Howell, Missouri
(City & town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
C.C.C. Camp F-12, Co. 1739
 While at work? No (Specify type of place) (e) Means of injury Lightning

23. Signature Harry Oliver
 Address Willow Springs, Mo. Date signed June 20, 40

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

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.

RECEIVED

District Health Officer No. 5,

District File Number 840 741

Date Filed 7/1/40

Signed.....

J.C. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, Ga.

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.