

1 AUG 23 1940  
-11-10-39  
-5-17-39  
-I X21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26155**

Registration District No. **175**

Primary Registration District No. **6020-A**

Registrar's No. **54**

4  
2  
1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **St. Francois**  
(b) City or town **Bonne Terre Mo**  
(c) Name of hospital or institution: **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **77 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **HARDY THOMAS MURRILL**  
3. (b) If veteran,  name war **640**  
3. (c) Social Security No. **1**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Margaret Murrill** 6. (c) Age of husband or wife if alive **76** years  
7. Birth date of deceased **May 14 1863**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **2** Days **9** If less than one day hr. min.

9. Birthplace **St. Francois Co. Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Retired**

11. Industry or business  
12. Name **Thomas Murrill**  
13. Birthplace **Washington Co. Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Michael Williams**  
15. Birthplace **St. Francois Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Margaret Murrill**  
(b) Address **8 W. Main St. Bonne Terre Mo**  
17. (a) **Burial** (b) Date thereof **July 25 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **B. J. Cemetery**

18. (a) Signature of funeral director **Benham & Co**  
(b) Address **318 Benham St. Bonne Terre**  
19. (a) **7-25-40** (b) **H. W. Hawkers**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Francois**  
(c) City or town **Bonne Terre** (If outside city or town limits, write "RURAL")  
(d) Street No. **134 S.W. Main** (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **23**  
year **1940** hour **18** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **July 23, 1940**, to **July 23, 1940**, that I last saw him alive on **July 23, 1940**; and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Atherosclerosis hypertension for years**  
(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? **1940** (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **H. W. Hawkers** (M. D. or other) **12 M.D.**  
Address **Bonne Terre Mo** Date signed **8-5-40**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 C. J. Claywell  
Licensed Embalmer No. 3706  
P. O. Address Bonnie Street

**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.**