

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43554
State File No. 695

3
Filing Date JAN 25 1941

695

Primary Registration District No.

599

Registrar's No. 5922

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

1. PLACE OF DEATH *Platte*

(a) County *Platte*

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

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

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

In this community *18 months* years, months or days _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Platte*

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

(d) Street No. *2 miles NE of Parkville*
(If rural, give location)

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

3. (a) PRINT FULL NAME *Ralph E. Murray*

3. (b) If veteran, name war *World*

3. (c) Social Security No. *none*

4. Sex *Male* Color or race *White*

6. (a) Single, widowed, married, divorced *Married*

6. (b) Name of husband or wife *Jean Lisson*

6. (c) Age of husband or wife if *93* years

7. Birth date of deceased *Sept 11 1890*
(Month) (Day) (Year)

8. AGE: Years *50* Months *3* Days *11* If less than one day _____ hr. _____ min.

9. Birthplace *Caledonia New York*
(City, town, or county) (State or foreign country)

10. Usual occupation *Attorney at Law*

11. Industry or business _____

MOTHER FATHER { 12. Name *John Murray*

13. Birthplace *Oriskany*
(City, town, or county) (State or foreign country)

14. Maiden name *Not Known*

15. Birthplace *Not Known*
(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs. Jean Murray*

(b) Address *Parkville Mo*

17. (a) *Cremation* (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation *Elmwood*

18. (a) Signature of funeral director *Deland H. Francis*

(b) Address *Parkville Mo*

19. (a) *12-31-40* (b) *S. P. Ford*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Dec* day *22*
year *1940* hour *9: PM* minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death *Cause undetermined Pending further examination of tissue* Duration _____

Due to _____

Due to _____

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

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

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? *626*
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature *Deland H. Francis* (M. D. or other) *Crowley*

Address *Parkville Mo* Date signed _____

200 S

SEP 4 1944

JUN 17 1943

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Leland W. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.

Registration District No. 695

Primary Registration District No. 5922

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Pettis
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Ralph E. Murray
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years Months Days If less than one day
50 3 11 hr. min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) S.P. Ford (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cause undetermined
pending further
examination or
autopsy

Due to trauma
according to pathological
report deep laceration
on right temporal region

Other conditions arteriosclerosis
coronary disease
(include pregnancy within 3 months of death)

Major findings Fatty changes in
liver multiple fractures
of autopsy
of fractures of humerus
of radius of forearm

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident fall

(b) Date of occurrence Dec 22-1940

(c) Where did injury occur? Platte mo
(City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Edward H. Francis (M. D. or other) _____

Address Parkville _____ Date signed _____

SUPPLEMENTARY

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

8

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

S-43554