

No. 2
4-13-40
5-17-39
P-I X23159

Registration District No. **667**

Primary Registration District No. **4471**

Registrar's No. _____

80000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Pettis**

(a) County: _____

(b) City or town: **La Monte**
(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 years, months or days)

In this community: **60 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo** (b) County: **Pettis**

(c) City or town: **La Monte Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME: **William Henry Murray**

(b) If veteran, name war: _____

(c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **18** year **1941** hour **11** minute **45** A.M.

4. Sex: **Male** 5. Color or race: **White**

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

6. (b) Name of husband or wife: **Dora Murray**

6. (c) Age of husband or wife if alive: **Yes** years

7. Birth date of deceased: **July 12 1875**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 11-1941** to **Jan 11 1941**, that I last saw him alive on **Jan 11 1941** and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months **6** Days **7** If less than one day _____ hr. _____ min.

Immediate cause of death: **Apoplexy**

Due to: _____

Due to: _____

9. Birthplace: **La Monte Mo.**
(City, town, or county) (State or foreign country)

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

10. Usual occupation: **Day laborer**

11. Industry or business: **Blaster**

MOTHER FATHER

12. Name: **Lewis Murray**

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

14. Maiden name: **Mary E. Patrick**

15. Birthplace: **Mo.**
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: **Dora Murray**

(b) Address: **La Monte Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **1-18-40**
(Month) (Day) (Year)

(c) Place: burial or cremation: **La Monte Mo.**

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? _____

18. (a) Signature of funeral director: **W. F. Pavan**

(b) Address: **La Monte Mo**

19. (a) **1-19-41** (Date received local registrar) (b) **W. F. Pavan** (Registrar's signature)

23. Signature: **W. E. Nalver** (M. D. or other) **W. E. Nalver**

Address: **La Monte Mo** Date signed: **1-19-41**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-6-41

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 Paul M. Moore
Licensed Embalmer No. 3923
P. O. Address La Monte 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, fact should be so stated above.