

MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15700**
Registrar's No. **1033**

Registration District No. **772**

Primary Registration District No. **4463**

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

1. PLACE OF DEATH: **St Francois**
 (a) County: **St Francois**
 (b) City or town: **Elvins Mo.**
 (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 _____
 In this community **40** years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **Mo** (b) County: **St Francois**
 (c) City or town: **Elvins**
 (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.? **0** years.

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

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: **1**

6. (b) Name of husband or wife: **Mary Jane Crawford**
 6. (c) Age of husband or wife if alive: **80** years

7. Birth date of deceased: **Dec 22, 1880**
 (Month) (Day) (Year)

8. AGE: Years **60** Months **3** Days **25**
 If less than one day: _____ hr. _____ min.

9. Birthplace: **St Francois Co. Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: **Farmer**

12. Name: **Calvin Murray.**

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

14. Maiden name: **Susan Crawford**

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

16. (a) Informant: **May Nunn. Elvins Mo.**

(b) Address: _____

17. (a) **Burial** (b) Date thereof: **4/9/41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Doe Run Mo.**

18. (a) Signature of funeral director: **Sparks Funeral H. Elvins Mo.**

(b) Address: _____

19. (a) **4/9/41** (b) **O. B. Barrer**
 (Enter name of local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **7** year **1941** hour **2** minute **30** AM.

21. I hereby certify that I attended the deceased from **June 17**, 19**40**, to **April 7**, 19**41**.
 that I last saw him alive on **April 7**, 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death: **Heart failure with auricular fibrillation** Duration **48 hrs.**

Due to: **Pulmonary emphysema**

Due to: **Bronchial asthma** *as long as I attend him*

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

Major findings: Of operations: **11/21**

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? _____ (Specify type of place) (e) Means of injury: **CA**

23. Signature: **Richard F. Freund** (M. D. or other) **D.O.**

Address: **Elvins, Mo** Date signed: **4/9/41**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.