

3-40  
-39  
X23159

FILED JUN 19 1941

STANDARD CERTIFICATE OF DEATH

State File No. 18343

Registration District No. 142

Primary Registration District No. 5698

Registrar's No.

1. PLACE OF DEATH:

(a) County McDonald  
(b) City or town Buffalo  
(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 18 yrs.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Anderson, Rt. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Bessie May Murray

3. (b) If veteran, name war 2 3. (c) Social Security No. 2

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C. W. Murray 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Dec. -1-1890  
(Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name William Saffard

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

14. Maiden name Sarah Bengert

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

16. (a) Informant C. W. Murray

(b) Address Anderson, Rt. 1

17. (a) Burial (b) Date thereof 5/24/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walden, Kans.

18. (a) Signature of funeral director Chas. W. Williams

(b) Address Gardman, Mo.

19. (a) 5/24/41 (b) Chas. W. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd  
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from May 21st  
1941, to May 22, 1941;

that I last saw her alive on May 22, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to  
Due to

Other conditions g. B.  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 20

(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?

464 (Specify type of place) While at work? (s) Means of injury

23. Signature Melvin M. Cullough (M. D. or other) D.O.  
Address Sav. Bldg. Bldg. Neshing Mo. Date signed 5/24/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 641-987

Date Filed JUN 17 1941

---

**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.**