FILED JUL 14 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21416
Do not use this space.

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1. PLACE OF DEATH
(a) County Clark Registration District No. 193
(b) Township Des Moines Primary Registration District No. 5270 Registered No. [illegible]
(c) ~~City~~ Rural (d) Street No. 3 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Murrie Wayne Murry
(a) Residence, No. Keokuk Iowa St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1916
7. AGE YEARS 24 MONTHS 5 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as saw mill, bank, etc. Figure Dep
10. Date deceased last worked at this occupation (month and year) June 1941
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Ills

FATHER
13. NAME J. C. Murry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills Polley

MOTHER
15. MAIDEN NAME Bessie ~~Murry~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) J C Murrey Falls

18. BURIAL, CREMATION, OR REMOVAL
PLACE Keokuk DATE June 15 1941

19. FUNERAL DIRECTOR (ADDRESS) [illegible] Keokuk Ia

20. FILED 6/19 1941 H. F. Kircher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1941

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on June 15 1941. Death is said to have occurred on the date stated above, at 8 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Auto Striking	
Abrasion of Body	
Killed Instantly	

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury..... 023
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? 3
If so, specify.....
(Signed) J. L. McConnell Cuneo, M. D.
(Address) Revere Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1786
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RECEIVED
District Health Officer No. 10
District File Number 7-41-1216
Date Filed JUL 10 1941

STATEMENT BY LICENSED EMBALMER

I, C A Ryan, Licensed Embalmer No. 220L

hereby certify that the body recorded on the reverse side of this certificate ~~was~~ Not embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed C A Ryan

Licensed Embalmer No. 220L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

No. 2B
4-25-41
I X27852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21416

Registration District No. 193 Primary Registration District No. 5270 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Clark

(b) ~~City or town~~ De Moines
(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 years, months or days)

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

3. (a) PRINT FULL NAME Murril Wayne Murry

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 Dw

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 24 Months 5 Days 15 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1941 hour minute M.

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

	Duration
Immediate cause of death accident	
Auto	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

170 C 27

Major findings:
Of operations
Of autopsy

PHYSICIAN
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 June 5-1941
(c) Where did injury occur? Highway No 61 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At Court Bridge (Specify type of place)
While at work? No (e) Means of injury Stuck

23. Signature J. L. McConnell (M. D. or other)
Address Revere Mo Date signed 8-9-41