

FILED AUG 7 1941

5430 4187

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Henry
(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 2 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 037

(c) City or town Henry 0
(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 GRACIE RESSA MURRIN

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1941 hour 9:06 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 26 1941 to July 18 1941
that I last saw her alive on July 18 1941
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Ray Murrin

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

7. Birth date of deceased: Feb 25 1894
(Month) (Day) (Year)

Immediate cause of death: Arthritis 6 yrs.

Due to: unknown

8. AGE: Years 47 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation: Housewife

Due to: _____

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

11. Industry or business: _____

12. Name: Robert Parsons

13. Birthplace: Shelburne Ohio
(City, town, or county) (State or foreign country)

14. Maiden name: Grace Smith

15. Birthplace: unknown Illinois
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations:

Of autopsy:

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: Ray Murrin

(b) Address: Henry, Mo.

17. (a) Burial (b) Date thereof: 7/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Letty Grove

18. (a) Signature of funeral director: Archie Dimple

(b) Address: Grant City, Mo.

19. (a) 8-1-41 (b) Quellman
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? (Specify type of place) _____

23. Signature: Charles Williamson DO 2
Henry (M.D. or other) Date signed: Aug 3-1941

Address: _____ Date signed: _____

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

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 Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, N

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.