

FILED AUG 15 1941 318
Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 604

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1312 No CAMPBELL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME CORDELIA MURRAY

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased June 15 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business In home

12. Name John Rose

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

14. Maiden name Rhynphia Wade

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

16. (a) Informant Samuel Murray

(b) Address Springfield, Mo.

17. (a) Funeral (b) Date thereof July 25-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harwood cemetery

18. (a) Signature of funeral director W. E. Handley & Co

(b) Address Springfield, Mo.

19. (a) 7-24-41 (b) W. E. Handley Md
(Date received local registrar) (Registrar's signature)

184 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County GREENE
(c) City or town Springfield, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1312 N. Campbell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1 - 1941 to July 23 1941
that I last saw her alive on July 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chc. Endocarditis and Myocarditis - decompensa Duration 3 Mo.

Due to Chc. Endocarditis and Myocarditis - decompensa
Due to Chc. Endocarditis and Myocarditis - decompensa

Other conditions Chc. Arthritic
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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 _____

23. Signature Arthur O. Mabb (M.D. or other) MD
Address 450 1/2 E. Comil Date signed 7-24-41

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

AMM 176

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 *William B. Fox*
Licensed Embalmer No. *4071*
P. O. Address *Springfield*

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

If this body is not embalmed, fact should be so stated above.

X