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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25537

1941 District No. 142

Primary Registration District No. 5698

Registrar's No.

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Seneca Rural Twp
(c) Name of hospital or institution: Seneca, Mo. R.F.D. # 1
(d) Length of stay: In hospital or institution 21 years
In this community 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonald
(c) City or town Rural
(d) Street No. Seneca, Mo. R.F.D. # 1
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Rebecca Ellen Murray

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

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

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

7. Birth date of deceased March 6 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 16 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Jerry Goodwin

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

14. Maiden name Mariaa Bradshaw

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

16. (a) Informant Mrs. Lillian Wilson

(b) Address Seneca, Mo. R. 1

17. (a) Removal (b) Date thereof July 23, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neodasha, Kansas

18. (a) Signature of funeral director J. B. Roberts
(b) Address Seneca, Mo.

19. (a) Date received local registrar July 29 1941 (b) Registrar's signature
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1941 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 19 to July 22 1941
that I last saw her alive on July 22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Due to 83A

Due to

Other conditions (Include pregnancy within 3 months of death)

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

(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 J. B. Roberts (M. D. or other) 4-20
Address P.O. Box 274 Seneca Date signed 7-22-41

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

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 841-1296

Date Filed AUG 6 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.....

James W. Buzzard, Registered Apprentice No. 4215
working under my personal supervision.

Signed James W. Buzzard

Licensed Embalmer No. 4215

P. O. Address Seneca Mo.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25537
Registrar's No.

Registration District No. 142

Primary Registration District No. 5698

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Seneca Mo R.F.D. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 yrs
(Specify whether 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 Rebecca E. Murray

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

4. Sex F 5. Color or race W
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 Months Days If less than one day min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....
(b) Address.....

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

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

19. (a) 9-19-41 (b) Das. W. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 16 Year 1941 Hour 10 Minute 30 M.

21. I hereby certify that I attended the deceased from 1941 to 1941; that I last saw him/her alive on July 16, 1941 and that death occurred on the date and hour stated above.
(Immediate cause of death) Duration

Due to.....
Due to.....

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

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.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(b) 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..... (M. D. or other).....
Address..... Date signed.....

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

SUPPLEMENTARY

MOTHER FATHER

S-25537