S. No. 2
—1-4-41
. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42163

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

49
2
5

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 702 MINNESOTA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER 49
(c) City or town JOPLIN 2
(If outside city or town limits, write "RURAL")
(d) Street No. 702 MINNESOTA 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BILL MURRAY
3. (b) If veteran, name war No recoard
3. (c) Social Security No. No record
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced No Record 9
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive about years
7. Birth date of deceased No Record. 1875
(Month) (Day) (Year)
8. AGE: Years about 66 Months Days If less than one day hr. min.
9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer.
11. Industry or business No record
FATHER
12. Name No record 9
13. Birthplace No record
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No record
15. Birthplace No record 9
(City, town, or county) (State or foreign country)
16. (a) Informant Steve Parker.
(b) Address Joplin Mo.
17. (a) BURIAL (b) Date thereof DEC 9, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT CALVERY
18. (a) Signature of funeral director HURLBUT UND CO
(b) Address 2120 OPLIN JOPLIN
19. (a) 12-8-41 (b) E B Jones
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 7
year 1941 hour 12 minute 30 A. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw alive on , 19
and that death occurred on the date and hour stated above.

Did not see him alive

Immediate cause of death Hypertension
Heart failure

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93d

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 R. V. Webster Coroner (M. D. or other)
Address Carthage Mo Date signed Dec 8 41

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(Licensed Embalmer's Statement on Reverse Side)

42-1-1120

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. 959

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.