

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1942 466
Registration District No. _____

Primary Registration District No. **4279**

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

1. PLACE OF DEATH:
 (a) County **Lafayette**
 (b) City or town **Wellington, Rural (Washburn)**
 (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 **65 Years** (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Lafayette 33**
 (c) City or town **Wellington, Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Lizzie Murry**
 3. (b) If veteran, **No** name war _____
 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb** day **14th**
 year **1942** hour **4:30** minute _____ P.M.
 21. I hereby certify that I attended the deceased from **Feb 13th**
 19**42** to **Feb 14th** 19**42**
 that I last saw her alive on **Feb 13th** 19**42**
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased **Jan. 21 1877**
 (Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage** Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____

8. AGE: Years **65** Months _____ Days **23** If less than one day
 hr. _____ min. _____
 9. Birthplace **Wellington, Mo.** (City, town, or county) (State or foreign country)
 10. Usual occupation **House work**

11. Industry or business _____
 12. Name **William Murry**
 13. Birthplace **West Virginia** (City, town, or county) (State or foreign country)
 14. Maiden name **Violetta Leeneer**
 15. Birthplace **West Virginia** (City, town, or county) (State or foreign country)
 16. (a) Informant **August Patter**
 (b) Address **Wellington, Mo.**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb. 16, 1942**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **Buckner, Mo.**
 18. (a) Signature of funeral director **Mr. Roy Green**
 (b) Address **Wellington, Mo.**
 19. (a) **March 9-1942** (Date received local registrar) (b) **Max W.F. Baker**
 (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?
 While at work? _____ (Specify type of place) (e) Means of injury **0**
 23. Signature **R. B. Watts** (M. D. or other) _____
 Address **Wellington, Mo.** Date signed **2-16-42**

PHYSICIAN
Underline the cause to which death should be charged statistically.

83a

1157

RECEIVED

District Health Officer No. 6

District File Number 155555555555

Date Filed 3-16-45

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.

W. Roy Ewen

Signed

W. Roy Ewen

Licensed Embalmer No. **3070**

P. O. Address **Wellington, 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.