

FILED APR 10 1942

Registration District No. 347

Primary Registration District No. 4209

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Montrose, Mo.
(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) 1
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Montrose
(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

John Henry Murray

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30
year 1942 hour 2 minute a M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on Mar. 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion

Duration

3 mo

Due to _____

Due to _____

Other conditions: 94a
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 60 Months 8 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Plaster

11. Industry or business _____

12. Name Eugene Murray

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

14. Maiden name Blair

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

16. (a) Informant Mrs Lewis Cobb

(b) Address Belton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 1-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Montrose

18. (a) Signature of funeral director Welling Bus

(b) Address Montrose Mo

19. (a) March 31, 1942 (Date received local registrar) Georgia Kitchen (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 _____

23. Signature W.E. Baggerly (M. D. or other) _____

Address Montrose Mo Date signed 3-31-42

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

042
00
0

HP

1069

RECEIVED
District Health Officer No. 7,
District File Number 4-42-313
Date Filed 4-7-42

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 Mr
on the 29th day of mar 1942, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City, 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.