

FILED MAY 31 1942
Registration District No. _____

Primary Registration District No. 2001

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

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: BURGE A HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME SARAH JANE MURRAY

3. (b) If veteran, name was NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased JANUARY 5 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business In home

12. Name John Isaac Stever

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

14. Maiden name Dorinda Hornet

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

16. (a) Informant Mrs. Roy H. Newton

(b) Address 1829 N. Grant

17. (a) Burial (b) Date thereof April 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director J. W. Stinger & Co

(b) Address Springfield, Mo.

19. (a) 4-21-42 (b) Dr. W. H. Hurdley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 1829 N. Grant (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th
year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-15 1942 to 4/20 1942, that I last saw her alive on 4/20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the cervical junction

Due to 2977

Due to _____

Other conditions (Include pregnancy within 3 months of death) H6

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 C. E. Fuller (M. D. or other) _____

Address Springfield Mo Date signed 5/19/42

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

D. J. Rhodes

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 with the above constitutes grounds for revocation of license.)

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

X