

FILED MAY 15 1942
747

Registration District No.

Primary Registration District No. 4280

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County Lawrence mo

(b) City or town Arora mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 111 West Lee St Arora mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community 50 yr
years, months or days

3. (a) PRINT FULL NAME Low Alice Mc Murray

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

(a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Mc Murray 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Sept 26 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>6</u>	<u>20</u>	hr. <u> </u> min. <u> </u>

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Dexter Hand

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

14. Maiden name Idellie Smith

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

16. (a) Informant Frank Mc Murray

(b) Address 111 West Lee St Arora

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof April 16 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director James J. Smith

(b) Address 129 West Church St Arora mo

19. (a) April 20 1942 (b) Lucille Stone by G.M.C.
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

(d) Street No. 111 West Lee St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1942 hour 12:15 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 13 1936 to April 16 1942
that I last saw her alive on April 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Branchio-epithelioma
Belated, Basilar

Due to Acute Upper Respiratory Infection

Other conditions Chronic Myocarditis 1935
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations none

Of autopsy none

Duration April 14 1942

Underline the cause to which death should be charged statistically. 107

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 Dr. Kenneth L. Keller
Address 16 E Locust St Date signed 4/17/42

RECEIVED

District Health Officer No. 6,

District File Number 542-718

Date Filed MAY 14 1942

MAY 28 1942

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.....
[Signature]....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*[Signature]*.....

Licensed Embalmer No. 3814

P. O. Address.....*[Signature]*.....

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.