

Registration District No. **238**

Primary Registration District No. **4145**

Registrar's No. \_\_\_\_\_

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6  
8

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

1. PLACE OF DEATH: **Dade**

(a) County **Dade**

(b) City or town **Lockwood Town**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **X**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **X** (Specify whether  
**thirty years** years, months or days)

3. (a) PRINT FULL NAME **John Sims Murray**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

4. Sex **M**

5. Color or race **white**

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

6. (b) Name of husband or wife **Ada Murray**

6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **April 28 1869**  
(Month) (Day) (Year)

8. AGE: **73** Years Months **X** Days **23** If less than one day hr. min.

9. Birthplace **Green County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business **land owner**

MOTHER FATHER { 12. Name **M.C. Murray**

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

14. Maiden name **Fannie Sims**

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

16. (a) Informant **Ada Murray**

(b) Address **Lockwood, Mo.**

17. (a) **burial** (b) Date thereof **5 24 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lockwood, Mo.**

18. (a) Signature of funeral director **Jay Caldwell**

(b) Address **Lockwood, Mo.**

19. (a) **May 23 1942** (b) **William M. Jones**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **29 30**

(a) State **Missouri** (b) County **Dade**

(c) City or town **Lockwood.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **0** (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21st**  
year **1942** hour **one** minute **15** a. m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **was dead when I arrived my opinion the cause, due to lungs congestive heart failure.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **93e**  
(Include pregnancy within 3 months of death)

Major findings: **93e**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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) (2) Means of injury

23. Signature **W.D. Combs** (M. D. or \_\_\_\_\_) **5-23-42**  
Address **Lockwood Mo.** Date signed **5-23-42**

RECEIVED

District Health Officer No. 6, t

District File Number 642-834

Date Filed JUN 1 1 1942

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**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. 3386

P. O. Address Lackwood, 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.**