

FILED JUN 3 1942

Registration District No.

Primary Registration District No.

Registrar's No.

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: R#1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME MARGHERITE MURRAY AIKEN.

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 30 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business In home

12. Name Patrick Murray

13. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Henry
(City, town, or county) (State or foreign country)

15. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elmer Spencer

(b) Address Hocono. Mo.

17. (a) Burial (b) Date thereof May 13-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director J. W. Klingner

(b) Address Springfield. Mo.

19. (a) _____ (b) _____
(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. R. F. D. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11TH
year 1942 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from 4-20, 1942 to 5-12, 1942
that I last saw him alive on 5-8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to _____

Due to _____

Other conditions 91
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 W. J. Kelly (M. D. or _____)

Address Springfield Mo Date signed 5-12-42

1242- (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Greene County Health Office

County File Number 42-6-54

Date Filed 6/5/42

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

Roy R. Gamin

Licensed Embalmer No. 1763

P. O. Address

Springfield, 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.

STANDARD CERTIFICATE OF DEATH

State File No. **17944**

Registration District No. **322-127**

Primary Registration District No. **5448 5464**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(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.
(Specify whether
In this community.
years, months or days)

3. (a) PRINT FULL NAME **Margaret M. Aiken**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased **May 30 1861**
(Month) (Day) (Year)

8. AGE: Years **75** Months **1** Days **7** If less than one day min.

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

10. Usual occupation **Wife**

11. Industry of business **In home**

12. Name **Patrick Murray**

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

14. Maiden name **Ellen Henry** (State or foreign country)

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

16. (a) Informant **Mrs Elmer Spencer**

(b) Address **10000 Ma**

17. (a) **Burial** (b) Date thereon **May 13 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem.**

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

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

19. (a) **Aug 29 42** (b) **Jane Appleby**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Greene**
(c) City or town **Springfield** (If not in city or town limits, write "RURAL")
(d) Street No. **R 7th St** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** Day **30** Year **1942** hour **12** minute **10 a.m.**

21. I hereby certify that I attended the deceased from **5-5-42** to **5-8-42**
that I last saw him alive on **5-8-42** and that death occurred on the date and hour stated above.

Immediate cause of death **arterio sclerosis** Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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?

(Specify type of place)
While at work? (c) Means of injury

23. Signature **W. Kelly** (M. D. or other)
Address **Springfield, Mo** Date signed **5-24-42**

WRITE PLAINLY—USE UNFADING BL. K INK—MAKE A PERMANENT RECORD

SUPPLEMENT

