

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

K29484

FILED JUN 3 1942

Registration District No. 228

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF DEATH
(a) County Brandy
(b) City or town Trenton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) county Brandy
(c) City or town Trenton (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOUISA MURRAY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month May day 7 year 1942 hour 5 minute 10 M.
21. I hereby certify that I attended the deceased from May 1 1942 to May 7 1942 that I last saw her alive on May 6 1942 and that death occurred on the date and hour stated above.

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 (Day) (Year)

Immediate cause of death Chronic intestinal nephritis + hypertension
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 131a

7. Birth date of deceased Feb-24-1857
(Month) (Day) (Year)
8. AGE: Years 85 Months 2 Days 13 If less than one day _____ hr. _____ min.

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

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business _____
12. Name Wm Brace
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Cora Bullard
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Eduard Maulite
(b) Address Trenton Mo
17. (a) _____ (b) Date thereof 5-9-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Brunswick Mo
18. (a) Signature of funeral director L. Maissen
(b) Address Brunswick Mo
19. (a) _____ (b) _____ (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 E. J. ... (M. D. or other) _____
Address Trenton Mo Date signed 5/21/42

R. C. W.
Monette

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..... *L. W. Wessell*

Licensed Embalmer No..... *822*

P. O. Address..... *Birmingham*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18027

Registration District No. 328

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH: Grundy
 (a) County Grundy
 (b) City or town Trenton
 (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)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Louisa Murray
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 77 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 alive _____ years
 7. Birth date of deceased Feb 24 1885
 (Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days _____ (If less than one day) _____ min.

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER
 12. Name _____
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
 (b) Address _____

17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) 5-7-43 (b) Wade W. Hoffmann
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (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 _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March Day _____ Year 1942 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____ (e) Means of injury _____
 23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

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SUPPLEMENTARY

