S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1942

Registration District No. 448

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18292

Primary Registration District No. 5619

Registrar's No.

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

53
0
0

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution: [illegible]

(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 Laclede 53

(c) City or town Winnipeg Rural 0 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ANNA MURRELL

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Oscar Murrell

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

7. Birth date of deceased Aug (Month) 11 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	9	22	hr. min.

9. Birthplace Laclede Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Phillip H. Harper
13. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Jane Craddock
15. Birthplace Pulaski Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Oscar Murrell

(b) Address Winnipeg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Cross Roads Cemetery

18. (a) Signature of funeral director No Funeral Director

(b) Address ✓

19. (a) June 8-42 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1942 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from 5-14-42, 19 to 6-3-, 1942 that I last saw her alive on 6-3-, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to arteriosclerosis	
Due to chronic nephritis	
Other conditions Cystic Tumor & bladder (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131 f

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? (e) Means of injury

23. Signature Roland E. Gaston (M.D. or other) D.O

Address Nebo, Mo. Date signed 6-6-42

1090

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

~~District Health Officer No.~~ .....

~~District~~ File Number 6-42-97

Date Filed 6-10-42

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 No Embalming, Registered Apprentice No. ....., working under my personal supervision.

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon

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.