

FILED JUL 16 1942

Registration District No. 169

Primary Registration District No. 4101

Registrar's No. _____

1. PLACE OF DEATH: Chariton
 (a) County: Mendon
 (b) City or town: Mendon
 (c) Name of hospital or institution: _____
 (d) Length of stay: In hospital or institution: 58 yrs
 In this community: 58 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Chariton
 (c) City or town: Mendon
 (d) Street No. _____
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Florence Murry
 (b) If veteran, name war: _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June 17 day 17th
 year 1942 hour 9 minute 45 P. M.

4. Sex: F / 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Married
 6. (c) Age of husband or wife if alive: Sept 27 1870

21. I hereby certify that I attended the deceased from May 12, 1942 to June 17, 1942
 that I last saw her alive on June 17, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 8 Days 20
 If less than one day hr. _____ min. _____

Immediate cause of death: Appendicitis
 Duration: 2 wks
 Due to: _____

9. Birthplace: Brookfield Mo
 10. Usual occupation: housewife

Other conditions: Bright Disease
 (Include pregnancy within 3 months of death)
 Due to: Disease 3mo

MOTHER FATHER {
 11. Industry or business: _____
 12. Name: Joseph Ady
 13. Birthplace: West Virginia
 14. Maiden name: Margaret Pittman
 15. Birthplace: West Virginia

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

16. (a) Informant: Claude Murry
 (b) Address: Triplett Mo.
 17. (a) Burial (b) Date thereof: 6/19/42
 (c) Place: burial or cremation: Mendon

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director: S. L. Lipard
 (b) Address: Mendon Mo
 19. (a) Date received local registrar: June 17 1942 (b) Registrar's signature: _____

While at work? _____
 (Specify type of place) (c) Means of injury: _____
 23. Signature: W. B. Lucas (M. D. or other)
 Address: Mendon Mo Date signed: 6/19/42

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

2100

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-14-42

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 _____

Licensed Embalmer No. 3970

P. O. Address Mendon 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20912**

Registration District No. **169**

Primary Registration District No. **4101**

Registrar's No. _____

1. PLACE OF DEATH: *Chariton Mendon*

(a) County _____

(b) City or town _____
(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)

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 _____

3. (a) PRINT FULL NAME *Florence Murray*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased *Sept 27 1871*
(Month) (Day) (Year)

8. AGE: Years *71* Months *8* Days *20* If less than one day _____ min.

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

10. Usual occupation _____
11. Industry or 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) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* 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 _____

Bright's Disease
Due to _____
about 6 years
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? _____

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

23. Signature *W B Lucas* (M. D. or other) _____
Address *Mendon Mo Aug 7th* Date signed *1942*

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



