

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

AUG 10 1942

Registration District No. 604

Primary Registration District No. 4358

Registrar's No. 55

72
4
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town New Madrid, MO
(c) Name of hospital or institution: No 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community all of life years, months or days

3. (a) PRINT FULL NAME William R. Murray

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

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced ✓

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

7. Birth date of deceased Dec 17 - 1941 alive ✓ years (Month) (Day) (Year)

8. AGE: Years 6 Months 19 Days 19 If less than one day hr. min.

9. Birthplace New Madrid MO (City, town or county) (State or foreign country)

10. Usual occupation Child

MOTHER FATHER

11. Industry or business Child

12. Name William S. Murray

13. Birthplace unk. Ark (City, town, or county) (State or foreign country)

14. Maiden name Aileen Hawkins

15. Birthplace New Madrid, MO (City, town, or county) (State or foreign country)

16. (a) Informant William S. Murray

(b) Address New Madrid

17. (a) Burial (b) Date thereof July 7, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pomell, New Madrid

18. (a) Signature of funeral director J. A. ...

(b) Address New Madrid, MO

19. (a) July 18, 1942 (b) Alice Spitzer (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town New Madrid (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1942 hour 1 minute 0

21. I hereby certify that I attended the deceased from July 1 to July 6 and that death occurred on the date and hour stated above.

Immediate cause of death Bacillary Dysentery Duration 1 wk

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) 0
Address New Madrid Date signed 7-17-42

RECEIVED

District Health Office No. 2,

District File Number 842-982

Date Filed 8-6-42

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

No Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.