S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26567

State File No.

Registration District No. 2 Primary Registration District No. 205 Registrar's No. 50

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

200

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Rural - Jefferson Twp
(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 10 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town Rural - Jefferson Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. R F D #3 St Joseph Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ELEANOR L. 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 Widowed 2
6. (b) Name of husband or wife Allen Murrell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN. (Month) 12 (Day) 1873 (Year)

8. AGE: Years 69 Months 4 Days 18 If less than one day hr. min.

9. Birthplace PERU (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Chas W. Grassmuck
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Marie Hattenhauer
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant J. G. Demerle
(b) Address St Joseph Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation St Paul, Minn.
18. (a) Signature of funeral director Keaton - Pr Gale & Bowman
(b) Address St. Joseph, Mo. Funeral Home
19. (a) 6-1-1942 (Date received local registrar) (b) F H Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1942 hour 5:45 minute P. M.
21. I hereby certify that I attended the deceased from May 1, 1942, to May 30, 1942, that I last saw her alive on May 29, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Bronichal	10 days
Due to Anemia General debility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

107

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 F G Thompson (M. D. or other) 0
Address 825 Charles Date signed Aug 26/42

(Licensed Embalmer's Statement on Reverse Side)

AUG 28 1942

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~~ May 30, 1942, Registered Apprentice No. —, working under my personal supervision.

Signed J. Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, M

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.