

V. S. No. 2
OM-9-4-41
Rev. 5-17-39

27064

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 107

FILED SEP 11 1942

Primary Registrar District No. 5404

Registrar's No. 36

34
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Douglas *Smiley*

(b) City or town Ava

(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..... (Specify whether

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava Rural 0

(If outside city or town limits, write "RURAL")

(d) Street No. Route 1

(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME Robert L. Murray

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Jane Murray

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October 28 1872

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 8 28 hr. min.

9. Birthplace Ky. 1

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Augustis W. Murray

13. Birthplace Unknown 9

(City, town, or county) (State or foreign country)

14. Maiden name Eliza Ann Baumgardner

15. Birthplace Ky. 1

(City, town, or county) (State or foreign country)

16. (a) Informant Chester A. Murray

(b) Address 1011 1/2 N. 2nd

17. (a) Burial (b) Date thereof 7-19-42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lurray

18. (a) Signature of funeral director Clinkingbeard Funeral H

(b) Address Ava, Missouri

19. (a) 9-5-42 (b) Thelma S. Waters

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16

year 1942 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from July 10

1942 to July 16 1942

that I last saw h. aw alive on July 13 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Sub acute

Duration at least 6 mon

Due to subacute

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 R. M. Norman (M. D. or Other)

Address Ava Mo Date signed 7/21/42

1056 (Licensed Embalmer's Statement on Reverse Side)

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.....

W B Hutchison

Licensed Embalmer No.....

3491

P. O. Address.....

W B Hutchison

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.