

S. No. 2
M-9-4-41
v. 5-17-39
VI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33333
State File No.

FILED NOV 14 1942

Registration District No. 43

Primary Registration District No. 214-24059

Registrar's No. 350

1000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Neelyville
(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 Life
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town Neelyville
(d) Street No. 12
(e) Citizen of foreign country? no
If yes, name country 0

3. (a) PRINT FULL NAME JUANITA MURRAY

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

4. Sex female 5. Color or race w. 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased Feb. 18, 1921
(Month) (Day) (Year)

8. AGE: Years 21 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Slackton Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

MOTHER FATHER { 12. Name Otto Murray Johnson Ct. Ill. 1
13. Birthplace Johnson Ct. Ill. 1
14. Maiden name Emma Sloan
15. Birthplace Bridgeport Ill. 1

16. (a) Informant Mrs. Emma Murray

(b) Address Neelyville, Mo.

17. (a) Burial (b) Date thereof Oct 21, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairdealing Ceme.

18. (a) Signature of funeral director Minnie Dick

(b) Address Naylor, Mo.

19. (a) 10-30-42 (b) Bele Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1942 hour 8 minute AM

21. I hereby certify that I attended the deceased from Oct 12
1942 to Oct 20 1942
that I last saw her alive on Oct 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Paronychia chronic.
Due to 94a

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings: Of operations 0
Of autopsy 0

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? (City or town) (County) (State) 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (c) Means of injury 0
23. Signature J J Fair (M. D. or other) 0
Address Neelyville Date signed Oct 21

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Office No. 2,
District File Number 1142-1430
Date Filed 11-9-42

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 S. A. McCord
Licensed Embalmer No. 4079
P. O. Address Naylor, 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.