V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33793

State File No.

FILED NOV 13 1942

Registration District No. 132 Primary Registration District No. 3021 Registrar's No.

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cullers Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Grundy
(c) City or town: Trenton
(If outside city or town limits, write "RURAL")
(d) Street No.: 213 East 13th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

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3. (a) PRINT FULL NAME: John William 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: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: April (Month) 10 (Day) 1935 (Year)
8. AGE: Years 7 Months 6 Days 7 If less than one day hr. — min.
9. Birthplace: Brunswick (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Student
11. Industry or business: School
12. FATHER Name: Overton Murray
13. FATHER Birthplace: Harris (City, town, or county) Missouri (State or foreign country)
14. MOTHER Maiden name: Cora Mae Warren
15. MOTHER Birthplace: Brunswick (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Overton Murray
(b) Address: Trenton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Brunswick Cemetery
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Trenton, Mo.
19. (a) 10-19-42 (Date received local registrar) (b) Nada Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th year 1942 hour 7:40 minute P M.
21. I hereby certify that I attended the deceased from Oct 10, 1942, to Oct 17, 1942, that I last saw him alive on Oct 17, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Shock following tonsillectomy followed by hemorrhage

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 115 cc

Of autopsy:

Duration

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: [illegible] (M. D. or other)
Address: Trenton, Mo. Date signed 10/19/42

1202 (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 Myself, Registered Apprentice No. _____, working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton Missouri

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.