U. S. No. 2
—11-10-39
v. 5-17-39
I X21492

38
2
0

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

40710
40711

State File No.

FILED JAN -7 1943

Registration District No. 1188

Primary Registration District No. 4188

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Owensville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 39 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

37
2
0

(a) State Mo. (b) County Gasconade

(c) City or town Owensville
(If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Calvina Addella Murray

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 married

6. (b) Name of husband or wife George B. Murray

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

7. Birth date of deceased June (Month) 27 (Day) 1883 (Year)

8. AGE: Years 59 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Robert J. Boyd.
13. Birthplace Northwood (City, town, or county) Ohio. 1 (State or foreign country)

MOTHER
14. Maiden name Anna M. Lindsay
15. Birthplace Philadelphia (City, town, or county) Penn 1 (State or foreign country)

16. (a) Informant Robert M. Murray
(b) Address Owensville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21-1942 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem. Owensville, Mo.

18. (a) Signature of funeral director Tappmeyer-Murray
(b) Address Owensville Mo

19. (a) 12-31-42 (Date received local registrar) (b) Myrtle M Winkel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1942 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from Apr 3 — 1942, to December 29, 1942
that I last saw her alive on 12 — 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bladder

Due to 5.2 b

Due to

Other conditions Uremia Poison
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 Edw Mellies (M. D. ~~or other~~)
Address Owensville Mo Date signed 12-30-42

1281

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1948

JAN 19 1943

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Robert M Murray

Licensed Embalmer No. 3149

P. O. Address Owensville, Me

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, above space should be left blank.