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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 12 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11029

State File No. _____

Registration District No. 269

Primary Registration District No. 5908-4798

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Remick
(b) City or town Holland
(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 2 yrs
years, months or days

3. (a) PRINT FULL NAME ULY MURRAY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race Col. 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 aug 17 1902
(Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Pickens Miss
(City, town, or county) (State or foreign country)

10. Usual occupation laborer
11. Industry or business cotton farm

MOTHER FATHER
12. Name Mercy Murray
13. Birthplace Pickens Miss
14. Maiden name Mary Jones
15. Birthplace Pickens Miss
(City, town, or county) (State or foreign country)

16. (a) Informant August Kennerson

(b) Address Hwy 1 - MO
17. (a) Burial (b) Date thereof 2-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hwy 1 - MO
18. (a) Signature of funeral director [Signature]

(b) Address Hwy 1 - MO

19. (a) 4-5-43 (b) E. C. Linbaugh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Remick
(c) City or town Holland Rural
(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.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb. day 23
year 1943 hour 9 minute _____ P.M.

21. I hereby certify that I attended the deceased from Feb 22-43
_____ 19____ to Feb-22 1943
that I last saw him alive on Feb 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to _____
Due to 109!!

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

Major findings:
Of operations _____

Of autopsy _____

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 J. C. McLean (M. D. or other) _____
Address Holland MO Date signed 4-24-43

PHYSICIAN
Underline the cause to which death should be charged statistically.
[Signature]

1207

(Licensed Embalmer's Statement on Reverse Side)

3-43-185

APR 12 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.