

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21237

State File No.

FILED JUL 12 1943

Registration District No.

Primary Registration District No. 4165

Registrar's No. 69

1. PLACE OF DEATH:

(a) County. Daviess
(b) City or town. Gallatin
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 22 Years
In this community. 22 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Daviess
(c) City or town. Gallatin
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Caroline Murry

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Warren Murry 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased. October 22 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 7 15 hr. min.

9. Birthplace. Daviess County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Joshua Drummond
13. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Frances Rhea
15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ed McDonald
(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 6-9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Hope Eurn. & Unat. Co.
(b) Address Gallatin, Mo.

19. (a) 6-7-1943 (b) J. O. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1943 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 25
1943, to June 7 1943
that I last saw her alive on June 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration

Due to Hypertensive Cardiovascular renal disease, arterial. Sclerosis

Due to mucous colitis

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) (c) Means of injury 2

23. Signature H. W. Bailey (M.D. or other)
Address Gallatin, Mo. Date signed June 7/43

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

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.....

L. O. Erickson
Licensed Embalmer No. 3302

P. O. Address..... Gallatin, 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.