

3. No. 2
1-4-41
5-17-39
X 28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21371

State File No. _____

Registrar's No. 521

FILED JUL 8 1943
Registration District No. _____

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
1109 E. MCGEE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 5 Y.R.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE

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

(d) Street No. 1109 E. MCGEE
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET JANE MURRAY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 28th
year 1943 hour 11 minute 50 P. M.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife Unk.

6. (c) Age of husband or wife if alive 27 years 1859

7. Birth date of deceased: JUNE 27 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 16-27- 19 43 to 6-28-'43 19 _____
that I last saw her alive on 6-28-'43 19 _____
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 0 Days 1 If less than one day _____
hr. min.

Immediate cause of death Apoplexy Duration 36 hr

9. Birthplace GREENFIELD MO.
(City, town, or county) (State or foreign country)

Due to Arteriosclerosis

10. Usual occupation HOUSE WIFE

Due to _____

11. Industry or business AT HOME

Other conditions g30
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name JOHN DICUS

13. Birthplace Unk. UNKNOWN?
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

14. Maiden name MARY JANE TUCKER

15. Birthplace Unk. UNKNOWN?
(City, town, or county) (State or foreign country)

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. C. G. Huff

(b) Address SPRINGFIELD MO.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof July 1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carthage, Mo.

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

18. (a) Signature of funeral director W. H. Kingner Co.

(b) Address SPRINGFIELD MO.

(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? _____

19. (a) 6-28-43 (b) Dr. W. H. Handley
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (b) Means of injury

23. Signature Callie King (M or other) _____
Address Springfield, Mo. Date signed 6-29-43

98K

(Licensed Embalmer's Statement on Reverse Side)

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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. *3358*

P. O. Address..... *Springfield, 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.