

LED JUL 12 1943

Registration District No. 288

Primary Registration District No. 5-5-20

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

1. PLACE OF DEATH:

(a) County Hickory  
 (b) City or town Quincey  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Montgomery Hosp  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community all of life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory  
 (c) City or town Quincey  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John William Murray

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Sarah Francis Murray 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 7 16 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 9 7 hr. min.

9. Birthplace Hickory Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Gen. mdrse

12. Name Jasper Murray  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Holline Gipson  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah F. Murray  
 (b) Address Quincey, Mo

17. (a) Burial (b) Date thereof 5 24 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Branch (Ave)

18. (a) Signature of funeral director Robert Hathaway  
 (b) Address Wheatland, Mo

19. (a) July 1-43 (b) Mary G. Carls  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
 year 1943 hour 12 minute A M.

21. I hereby certify that I attended the deceased from Jan - 19 09 to May - 23 19 43  
 that I last saw him alive on May - 1 - 19 43  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Tongue and Sub-Maxillary Glands  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 45 f  
(Include pregnancy within 3 months of death)

Major findings: 45 f  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
4 yrs

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 A. S. Johnston (M. D. or other)  
 Address Wheatland, Mo Date signed 5-24-43

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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 *Chas. Gilbert Hathaway*  
Licensed Embalmer No. *4267*  
P. O. Address *Wheatland, 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.**