

S. No. 2
OM-2-43
5-17-38
PI X3387

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35455

State File No. _____

FILED NOV 9 1943

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Caruthersville
(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 _____ (Specify whether _____)
years, months or days 3 weeks

3. (a) PRINT FULL NAME Lillian Gray Murrell

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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: Oct 28 1893
(Month) (Day) (Year)

8. AGE: Years 47 Months 11 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Decker Co. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name W. B. Robertson

13. Birthplace Franklin Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Taylor

15. Birthplace Lilias Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bernice E. Swafford

(b) Address Caruthersville Mo.

17. (a) Burial (b) Date thereof Oct - 23 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell cemetery

18. (a) Signature of funeral director Noel E. Dean

(b) Address Caruthersville Mo.

19. (a) 10/21-1943 (b) Jessie M. Markey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Caruthersville 078
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1943 hour 7 minute 35 AM

21. I hereby certify that I attended the deceased from 15 1943 to 5 Oct 21 1943
that I last saw him alive on Oct 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis Liver Duration 5

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 124 ft

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (c), Means of injury _____

23. Signature [Signature] M.D. or other _____

Address Caruthersville Date signed 10/21/43

1206 (Licensed Embalmer's Statement on Reverse Side)

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

78
1
2

10-43-293

NOV 9

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 Nail C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville

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.