

State File No.

Registration District No. 164

Primary Registration District No. 5598

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Johnson.

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

(c) Name of hospital or institution:
Columbus Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community 32 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED: 51

(a) State Missouri (b) County Johnson

(c) City or town Holden-Rural -
(If outside city or town limits, write "RURAL")

(d) Street No. Columbus Township
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country A

3. (a) PRINT FULL NAME Beatrice Webb Murray.

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1943. hour 5 minute 45 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife W. P. Murray. 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July, 21, 1888.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 3 1942 to Nov 21 1943
that I last saw her alive on Nov 21 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

55 4 0 hr. min.

Immediate cause of death: Metastatic Carcinoma
Primary in left breast

Due to breast

Due to 50

Other conditions: none
(Include pregnancy within 3 months of death)

9. Birthplace Oak Grove Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

Major findings: adenocarcinoma of mammary gland

Of operations of mammary gland

Of autopsy —

PHYSICIAN —
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business —

12. Name Samuel E. Webb.

13. Birthplace Oak Grove Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Harrinete S. Morris.

15. Birthplace Oak Grove Mo.
(City, town, or county) (State or foreign country)

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 Kelly Rawlins (M. D. or other) —
Address Holden Mo Date signed 11/23/43

16. (a) Informant Holden, Mo.

(b) Address —

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

(c) Place: burial or cremation Oak Grove Mo.

18. (a) Signature of funeral director Sweeney-Phillips
(b) Address Warrensburg, Mo.

19. (a) Nov. 24, 1943 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-10-43

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 Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.