

FILED FEB 1 1943

Registration District No. **47**

Primary Registration District No. **3008**

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

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton, Mo. 804 Court St.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Two Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Fulton, (If outside city or town limits, write "RURAL")
 (d) Street No. 804 Court, St. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME MICHAEL BRADFORD MURRY

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Carrie 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug 5 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 4 10 hr. 8 min.

9. Birthplace Murry, Boone Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming,

11. Industry or business

MOTHER { 12. Name John F. Murry
 13. Birthplace Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Moriarty
 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carrie Murry
(b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof 12/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia (Old Cem)

18. (a) Signature of funeral director Lis G. Wallace

(b) Address Fulton, Mo.

19. (a) 12-17-1943 (b) Joac Moriarty
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1943 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1:15 A.M. Dec. 15, 1943 to 2:15 A.M. Dec. 15, 1943; that I last saw h. in alive on Dec. 15, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4 hrs.

Due to Influenzia 10 days

Due to Acute Gastritis 10 days

Other conditions (Includes pregnancy within 3 months of death) 9/4a

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) _____ (e) Means of injury 2

23. Signature D.A. Seives (M.D. or other) Dr.
Address 532A Court, St. Fulton, Mo Date signed 12/16/43

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..... *Albert E. White*.....

Licensed Embalmer No..... *4168*.....

P. O. Address..... *Quinton, 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.