

S. No. 2
M-2-43
5-17-39
PI X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4581
Registrar's No. 3

FILED FEB 11 1944

Registration District No. 324 Primary Registration District No. 3072

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 719 Nth. Ellsworth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
In this community 17 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 99
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 719 Nth. Ellsworth
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Austin Z. Murdock
(b) If veteran, name war # _____ (c) Social Security No. # _____

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Neca Shepherd
(c) Age of husband or wife if alive 64 years
7. Birth date of deceased Mar. 27 1879
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
64 9 12 hr. min.

9. Birthplace Gilliam Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Moved Houses

MOTHER FATHER {
12. Name Andrew Jackson Murdock 9
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Glenn
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Walker
(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 1/6/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Bussing
(b) Address Marshall, Mo.

19. (a) 1-5-44 (b) Mrs. F. O. Westbrook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 44 hour 8:30 minute 0 M.
21. I hereby certify that I attended the deceased from Jan 4 1944 to Jan 4 1944
that I last saw him alive on Jan 4 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 94 lb

Duration 13 Mos

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) 2
(b) Date of occurrence _____
(c) Where did injury occur? at (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 _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 1/5/44

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-9-47

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.....

J. Leslie Burroughs

Licensed Embalmer No. 3235

P. O. Address... *Marshall, 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.