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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28484

Registration District No. 273 — Primary Registration District No. 6916 — Registrar's No. 62

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Cinque Homme (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 80-3-10 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 79

(a) State Missouri (b) County Perry

(c) City or town ~~Rural~~ Rural Cinque Homme (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Nannie R. Murray

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Dave Murray

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 2 (Day) 1864 (Year)

8. AGE: Years 80 Months 3 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name Elisha Fulton
13. Birthplace ..... (City, town, or county) Tenn. (State or foreign country) /

MOTHER
14. Maiden name Susan Hartle
15. Birthplace ..... (City, town, or county) Tenn. (State or foreign country) /

16. (a) Informant Everett Murray

(b) Address Perryville Mo. R #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Cross Roads Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 8-12-44 (Date received local registrar) (b) Thos G Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1944 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Jan 1942, 19..., to Aug 12 1944, 19...; that I last saw her alive on Aug 11 1944, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Paralysis of respiration	
Due to Cerebral Hemorrhage	2 yrs
Due to Arterioschlerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

83a

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 0

23. Signature [signature] (M. D. or other)

Address Perryville, Mo. Date signed 8/12/44

1326 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

strict Health Officer No. 4

District File Number 944-4318

Date Filed 9-8-44

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 Wallace Young

Licensed Embalmer No. 14027

P. O. Address Perryville 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.