

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6151

State File No. ....

FILED MAR 1 1945

Primary Registration District No. 2000

Registrar's No. 100

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Englenook Apartments - 550 E Walnut  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No. Englenook Apartments 550 E Walnut  
(If in institution, write institution)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME Flora Etta Muratta

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2, year 1945 hour 9:50 minute P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Matt A. Muratta

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

7. Birth date of deceased January 3, 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1 1945, to Feb 2 1945, that I last saw her CR alive on Feb 2 1945, and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 0 Days 29 If less than one day hr. min.

Immediate cause of death: Angina Pectoris

Due to .....

Due to .....

Other conditions (include pregnancy within 3 months of death) .....

9. Birthplace Carthage, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations ✓

Of autopsy ✓

PHYSICIAN AK

Underline the cause to which death should be charged statistically.

11. Industry or business In Home

12. Name Charles Pool

13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Hadley

15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl G. Turner

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1945  
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? No (Specify type of place) (c) Means of injury: .....

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 2-5-45 (Date received local registrar) (b) B M Hadley (Registrar's signature)

23. Signature W. Dege (M. D. or other) MD

Address Springfield, MO Date signed 2/4/45

**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..... *Lewis G. Scharpf*.....  
Licensed Embalmer No. *3863*.....  
P. O. Address..... *Springfield 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.

X