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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9452

State File No.

Registration District No. FILED MAR 16 1945

Primary Registration District No. 3015

Registrar's No. 15

5
1
1

1. PLACE OF DEATH:

(a) County CLINTON

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

(c) Name of hospital or institution: N HUNT St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Cameron 1
(If outside city or town limits, write "RURAL")

(d) Street No. N. Hunt 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY MURRAY

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced 2

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

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

7. Birth date of deceased March (Month) 9 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	11	13	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thos. Rice
13. Birthplace (City, town, or county) Ireland 11 (State or foreign country)

MOTHER
14. Maiden name Mary ~~Rice~~ Gleason
15. Birthplace (City, town, or county) Ireland 11 (State or foreign country)

16. (a) Informant C. M. Murray

(b) Address Cameron

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. (a) 2-28-45 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1945 hour minute 5:00 A.M.

21. I hereby certify that I attended the deceased from Feb 10, 1945, to Feb 26, 1945 that I last saw her alive on Feb 26, 1945; 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)

Major findings:
Of operations

Of autopsy

Duration
Not Known

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

23. Signature A. O. Gilliland M. D. or other

Address Cameron Mo. Date signed 2/27/45

1086

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3960

P.O. Address Maysville 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.