

FILED JUL 11 1945
Registration District No. **2**

Primary Registration District No. **1000**

Registrar's No. **717**

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community 6 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1216 South 11th
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Albert C. Murrell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1945 hour 7 minute P M.

3. (b) If veteran, name war none

3. (c) Social Security No. 487-14-7339

21. I hereby certify that I attended the deceased from Apr 21 1945 to July 7 1945
that I last saw him alive on July 7 1945
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Etta Lee Murrell

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: March 26 1882
(Month) (Day) (Year)

Immediate cause of death: enlargement of heart.

Due to Myocard Sclerosis.

Duration 1 yr.

8. AGE: Years Months Days If less than one day

63 3 11 hr. min.

Due to _____

Other conditions Kept. Chr.

(Include pregnancy within 3 months of death)

6 mo.

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

Major findings: Of operations _____

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation stock man

11. Industry or business J. C. Penny Co.

12. Name Lewis A. Murrell

13. Birthplace unknown W. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Louise Perry

15. Birthplace Albany Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Murrell

(b) Address St. Joseph, Missouri

17. (a) burial (b) Date thereof 7/ 9/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton B. Bell & Co.

(b) Address 319 South 10th

19. (a) 7/9/45 (b) Albert C. Murrell
(Date received local registrar) (Registrar's signature)

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 _____

Signature Frank H. Decker (M. D. or other)

Address 670 Bruce St. Date signed 7/9/45

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

MOTHER FATHER

1377

SEP 25 1945

Dr. F. X. Hartigan

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 *Frank A. Conway*

Licensed Embalmer No. 1710

P. O. Address at Joseph M.

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.