

S. No. 2
M-5-43
7-5-17-39
P I X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED DEC 29 1945 STANDARD CERTIFICATE OF DEATH

State File No. **41679**

Registration District No. **383**

Primary Registration District No. **5655**

Registrar's No. **45**

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

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Mt. Vernon (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 223 days (Specify whether years, months or days)
 In this community 223 days

3. (a) PRINT FULL NAME Wennie Price Murrill
 3. (b) If veteran, name war no 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 _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 9th 1868 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>77</u> | <u>10</u> | <u>19</u> | hr. min. |

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name John Hughes

13. Birthplace St. Francois County Missouri (City, town, or county) (State or foreign country)

14. Maiden name Sarah Jarrell

15. Birthplace St. Francois County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
 (b) Address Mo. State San., Mt. Vernon, Mo.

17. (a) _____ (b) Date thereof 11/28/45 (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director J.P. Fossett
 (b) Address Mo. State San. Mo

19. (a) 1274145 (b) C. P. Shelbick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois
 (c) City or town Desloge (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28th year 1945 hour 9:00 minute P M.
 21. I hereby certify that I attended the deceased from April 20th 1945 to Nov. 28th 1945 that I last saw her alive on Nov. 28th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Over three years

Due to _____
 Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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) (c) Means of injury _____
 23. Signature Charles A. Brasher (City or other) _____
 Address Mt. Vernon, Mo. Date signed 11-28-45

RECEIVED
District Health Officer No. 6,
District File Number 1245-1197
Date Filed 12-18-45

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, Max Fossett

Max Fossett, Registered Apprentice No. _____,
working under my personal supervision.

Signed Max Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon 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.