

FILED FEB 11 1946

Registration District No. **144**

Primary Registration District No. **4235**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Arcadia
(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 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron **47**
(c) City or town Arcadia **0**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Murray

(b) If veteran, name war no

(c) Social Security No. none

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased July 6 1856
(Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name John Murray

13. Birthplace _____ (City, town, or county) Ireland (State or foreign country) **4**

14. Maiden name Margarette Mc Cue

15. Birthplace _____ (City, town, or county) Ireland (State or foreign country) **4**

16. (a) Informant Charley Evans

(b) Address Arcadia Missouri

17. (a) burial (b) Date thereof 1-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Knob Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) 1-4-46 (b) Melvin Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1946 hour 12 minute 35 AM.

21. I hereby certify that I attended the deceased from 9-20-44, 19____, to 1-1-46, 19____;
that I last saw her alive on 1-1-46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
acute Bi-lateral
Bronchial Pneumonia
Due to influenza **1/1/46**
Due to chronic myocarditis **12/15/46**
Other conditions Senility
chronic arthritis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 338
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. E. Ireland (M. D. or other) M.D.
Address Ironton, Mo. Date signed 1-5-46

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

802

Date

4
246-1696
2-7-46

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..... *Amel J. White*
- Licensed Embalmer No. *3012*
P. O. Address..... *Newton, Mass*

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.