

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12582

State File No. \_\_\_\_\_

FILED APR 29 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 3012

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mc Cleary Hospital  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 999  
(c) City or town Hammond (If outside city or town limits, write "RURAL")  
(d) Street No. 820 Becker St. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FOSTER WILLIAM MURRAY

3. (b) If veteran, name war no 3. (c) Social Security No. Yes, Not Known

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lena A. Murray 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased Feb 13 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 2 1 hr. min.

9. Birthplace San Pierre - Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad, Yard Master

11. Industry or business \_\_\_\_\_

12. Name Amos Murray

13. Birthplace Claverdale Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Pope

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

16. (a) Informant Lena A. Murray

(b) Address 820 Becker St. Hammond, Indiana

17. (a) Removal (b) Date thereof April 14 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hammond, Indiana

18. (a) Signature of funeral director Thingal Hope

(b) Address Excelsior Springs, Mo.

19. (a) 4/15/46 (b) paroline  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April day 14 year 1946 hour 4:30 minute 0 M.

21. I hereby certify that I attended the deceased from April 13 1946 to April 14 1946 that I last saw him alive on April 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to Chronic Myocarditis

Due to Chronic Colitis

Other conditions Chronic Colitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy all

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 Ed Keller (M. D. or other) \_\_\_\_\_

Address Excelsior Springs, Mo. Date signed 4-17-46

(Licensed Embalmer's Statement on Reverse Side)

24  
1  
1  
11407  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 4-22-46

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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.....

*Chas Virgil Hope*

Licensed Embalmer No. 3950

P. O. Address. *Excelsior Springs, 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.**