

U. S. No. 2
OM-8-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15915

State File No. 15915
Registrar's No. 177

Registration District No. 4
Primary Registration District No. 3005

14
1
2
14802
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution: State Hospital no 2
(d) Length of stay: 38 years 4 mo 25 days
In this community 38 years 4 mo 25 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon
(c) City or town 1
(d) Street No. 2
(e) Citizen of foreign country? 0
If yes, name country _____

3. (a) PRINT FULL NAME ISSAC - MURREY
(b) If veteran, name war _____
(c) Social Security No. _____

4. Sex M 5. Color or race W
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: 9
(Month) (Day) (Year)
8. AGE: Years 84? Months _____ Days _____
If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER {
12. Name D. K.
13. Birthplace 9
14. Maiden name D. K.
15. Birthplace 4

16. (a) Informant Reada
(b) Address _____

17. (a) Buried (b) Date thereof 5-5-46
(burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Elmer M. Stephens & Son
(b) Address Macon, Mo

19. (a) May 3 1946 (b) Jose M. Morsink
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2
year 1946 hour 3 minute 00 P M.
21. I hereby certify that I attended the deceased from May 1
1946, to May 2, 1946
that I last saw him alive on May 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion
Due to arteriosclerosis
Duration one hour

Due to _____
Duration _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy AKA
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature Jose M. Morsink (M. D. or other) H. P.
Address Fulton Date signed May 3/46

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 6-8-46

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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.