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-9-4-41  
5-17-39  
I X29484

**FILED AUG 12 1946**

Registration District No. **275**

Primary Registration District No. **3053**

Registrar's No. **105**

**1. PLACE OF DEATH:**  
 (a) County **Shelby**  
 (b) City or town **Walla**  
 (c) Name of hospital or institution: **McFarland Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **12 days**  
 In this community **12 days**  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo** (b) County **Jackson**  
 (c) City or town **near Ellis Prairie Mo**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **near Ellis Prairie Mo**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

**3. (a) PRINT FULL NAME** **Freida Mae Murr**  
 3. (b) If veteran, name war **L**  
 3. (c) Social Security No. **2**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **July** day **10<sup>th</sup>**  
 year **1946** hour **7** minute **58<sup>PM</sup>** M.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Lewis Murr** 6. (c) Age of husband or wife if alive **20** years  
 7. Birth date of deceased **July 28 1926**  
 (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **July 8, 1946**, to **July 10, 1946**  
 that I last saw **her** alive on **July 10, 1946**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Sarcoma of omentum**

**8. AGE:** Years **16** Months **9** Days **12** hr. min.

Due to  
 Due to  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations  
 Of autopsy **46-R**

**9. Birthplace** **Enogena Iowa**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**  
**11. Industry or business**  
**12. Name** **Robert Zirochky**  
**13. Birthplace** **not known**  
**14. Maiden name** **Ethel**  
**15. Birthplace** **" "**  
 (City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Lewis Murr**  
**(b) Address** **Ellis Prairie, Mo**  
**17. (a) Burial** (b) Date thereof **7-13-46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Houston Cem Texas**  
**18. (a) Signature of funeral director** **Smith Ferguson**  
**(b) Address** **Richburg Mo**  
**19. (a) July 20, 1946** (b) **Mrs Juanita Harvey**  
 (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)  
 Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work (Specify type of place)  
 (Specify type of means of injury)  
**23. Signature** **William J. ...** (M.D. or other)  
 Address **Rolla, Mo** Date signed **7-13-46**

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

MOTHER FATHER

201  
FEB 9 1950

**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 *Eubert E. Ferguson*  
Licensed Embalmer No. *3945*  
P. O. Address *Licking, 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.**