

S. No. 2
 OM-2-43
 v. 5-17-39
 1 X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35967

State File No. _____

FILED DEC 11 1946

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 423

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirkville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 706 W. Link /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Adair
 (c) City or town Kirkville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 706 W. Link (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Hart Murray
 (b) If veteran, name war _____
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 23
 year 1946 hour 1:00 minute _____ P: _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Eliza Ann Miller
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased Jan. 4 1861
 (Month) (Day) (Year)

Immediate cause of death Confined to bed for just three years Duration _____
 Due to Diabetes and infirmities of age
 Due to _____

8. AGE: Years 85 Months 10 Days 19
 If less than one day _____ hr. _____ min.

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

9. Birthplace Unknown Kansas
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

11. Industry or business Farming
 12. Name James Murray
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Schroeder
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Eliza Ann Murray
 (b) Address Kirkville, Missouri
 17. (a) Burial (b) Date thereof 11/25/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Park Cmt.

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 _____

18. (a) Signature of funeral director J. E. R. Key
 (b) Address Kirkville, Missouri
 19. (a) 12-2-46 (b) Kate Lambert
 (Date received local registrar) (Registrar's signature)

23. Signature Foster R. Casley Cosmopolitan
 Address Breaker, Mo. Date signed 11-23-46

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

34783

RECEIVED
District Health Officer
District File Number 12-16-2275
Data Filed DEC 10 1946

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 DEE Riley

Licensed Embalmer No. 4181

P. O. Address Kentville 400

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.