

No. 2
1-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40244**
Registrar's No. **994**

FILED DEC 24 1946
Registration District No. **128**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH: **GREENE**
(a) County **Springfield**
(b) City or town **Springfield**
(c) Name of hospital or institution **Burge Hospital**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Webster**
(c) City or town **Seymour Mo**
(d) Street No. **P.R.# 3**
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **Ruth Evelyn Mc Murray**
(b) If veteran, name war **no**
(c) Social Security No. **none**
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 **Feb. 13 1937**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **11** ch
year **1946** hour **approx 4** P.M. minute _____ M.
21. I hereby certify that I attended the deceased from **11 Dec/46**
to **11 Dec/46**, 19____, to _____, 19____;
that I last saw her alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
9 9 28 hr. min.
9. Birthplace **Springfield Mo. P.R.# 8 D**
10. Usual occupation **Child**

Immediate cause of death **Acute Toxic Nephritis** Duration **3 days**
Due to **unknown etiology**
Due to _____
Other conditions _____
Major findings: Of operations **130**
Of autopsy _____

MOTHER FATHER
12. Name **Ed. E. Mc Murray**
13. Birthplace **Ave Mo**
14. Maiden name **Pauline Hutcherson**
15. Birthplace **Mountain Burg Ark**
16. (a) Informant **Parents**
(b) Address **Seymour Mo**
17. (a) **Burial** (b) Date thereof **12 15 1946**
(c) Place: burial or cremation **PALMERTO CEMETERY**
18. (a) Signature of funeral director **Valley Ferrell, Berguth N**
(b) Address **Seymour Mo**
19. (a) **12-19-46** (b) **W. H. Handley M.D.**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (e) Means of injury **fall**
23. Signature **J. D. Rogers** (M. D. or other) **M.D.**
Address **Seymour Mo** Date signed **13 Dec 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 H. K. Kelley
Licensed Embalmer No. 3334
P. O. Address Fondland 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.

F. H. [unclear]