S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 941

Registration District No. 144 — Primary Registration District No. 4233 — Registrar's No. 2

1. PLACE OF DEATH:
(a) County: Iron
(b) City or town: Arcadia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 20 years

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

3. (a) PRINT FULL NAME: Sarah Grove Murray
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: 1 fem
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed 2
6. (b) Name of husband or wife: Bernard Murray
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: July 26 1866 (Month) (Day) (Year)

8. AGE: Years 80 | Months 5 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace: Pilot Knob Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation: at home
11. Industry or business ____
MOTHER FATHER
12. Name: James Grove
13. Birthplace: Penna 1
(City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Bunyard
15. Birthplace: Chattanoga Tenn. 1
(City, town, or county) (State or foreign country)
16. (a) Informant: Miss Irene Murray
(b) Address: Arcadia Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Pilot Knob Missouri
18. (a) Signature of funeral director: Norman White & Sons
(b) Address: A. J. White Ironton Missouri
19. (a) 1-18-47 (Date received local registrar) (b) Mrs Ann Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 8
year: 1947 hour: 2 minute: 30 A.M.
21. I hereby certify that I attended the deceased from Sept. 1942, to Jan. 8, 1947
that I last saw her alive on Jan. 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 days.
Pernicious Anemia	20 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 107
Of autopsy

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: 0
23. Signature: Ben M. Bull (M. D. or other) M.D.
Address: Ironton, Mo. Date signed: 1-11-47

108 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 147-129

Date Filed 1-23-47

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 Lincel J. White

Licensed Embalmer No. 3012

P. O. Address Ontario [redacted]

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.