

FILED JAN 20 1947

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Versailles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 20
(c) City or town Versailles (If outside city or town limits, write "RURAL") /
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME James P. Muir

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Simpson Muir 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec. 5 - 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Morgan Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

12. Name John Muir

13. Birthplace No Record Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Sims

15. Birthplace No Record Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Muir
(b) Address Versailles, Missouri

17. (c) Burial (b) Date thereof Jan. 12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director W. S. Gumm

(b) Address Versailles, Missouri

19. (a) 1-13-47 (b) W. S. Gumm
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th
year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1944
..... 19..... to Jan 9 - 1947
that I last saw him alive on Sept 25 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease
Duration Several years -

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 95
-Of operations
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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature W. S. Gumm (M. D. or other)
Address Versailles Mo Date signed 1-13-47

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

MOTHER FATHER

REGISTRATION
DISTRICT HEALTH OFFICER NO. 71
DISTRICT FILE NUMBER 12-45-333
Date Filed 1-11-54

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 *A. F. Hedrick*
Licensed Embalmer No. *1546*
P. O. Address *Versailles 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.