

FILED MAR 24 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 370

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Weeks
(Specify whether years, months or days)

In this community 5 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Oregon-Rural
(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 Gertrude L. Murray

3. (b) If veteran, -- name war _____

3. (c) Social Security --- No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1947 hour 2:45 minute A. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George R. Murray

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August 14 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 9, 1947 to March 15, 1947
that I last saw her alive on March 15, 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>1</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of sigmoid

Due to Senility

Due to _____

9. Birthplace College Springs Iowa
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation At Home

11. Industry or business hsw

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

46E

12. Name William C. Dow

13. Birthplace Cataraugua Co. New York
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Lucietta Lafferty

15. Birthplace _____ Ohio
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant George R. Murray

(b) Address Oregon, Missouri

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

17. (a) Burial (b) Date thereof Mar 17 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery-Oregon

23. Signature W. W. P. Lewis
Address St. Joseph, Mo. Date signed 3-16-47

18. (c) Signature of funeral director James H. Pettigold

(b) Address Oregon, Mo.

19. (a) 3-17-47 (b) W. S. Jenkins
(Data received local registrar) (Registrar's signature)

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

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..... *James W. Pettijohn*
Licensed Embalmer No..... *3192*
P. O. Address..... *Oregon 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.