

No. 2
5-43
17-39
25871

FILED APR 1, 1947

Registration District No. _____

Primary Registration District No. **3028**

Registrar's No. **59**

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
813 Lyons St., /
(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 58 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 813 Lyons St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Richard McMURTRY

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maggie H. McMurtry

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December 25, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>2</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Sparta Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business Retired

12. Name Thomas McMurtry

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Martha

15. Birthplace Unknown Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maggie H. McMurtry

(b) Address 813 Lyons St., Carthage, Mo.

17. (a) Burial (b) Date thereof 3 14 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 3-14-47 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th.
year 1947 hour 1:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec. 26, 1946 to Feb. 11, 1947.
that I last saw h im alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure 2 wks

Due to Myocarditis, chronic 1 yr

Due to _____

Other conditions Nephritis, chronic

(Include pregnancy within 4 months of death)

Major findings: 1318

Of operations _____

Of autopsy _____

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? 0

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Emory D. Moore (M. D. or other) M.D.
Address Carthage Mo. Date signed 3/14/47

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47-3-241

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.....
Gene C. Pugh
Gene. C. Pugh

Licensed Embalmer No..... 4231

P. O. Address..... Carthage, 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.

Registration District No. 157 Primary Registration District No. 3028

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(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 _____ (Specify whether _____)
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Charles R. Mcmurry

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Dec 25 1911
(Month) (Day) (Year)

8. AGE: Years 81 Months _____ Days _____ If less than one day, hr. _____ min. _____

9. Birthplace Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retail merchant

11. Industry or business Retail merchant

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3-14-47 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1947 Hour _____ minute _____ M. _____

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: 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) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

S-9626