

FILED AUG 29 1947
National Office of Vital Statistics

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 60 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 1105 Jackson Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country No

3. (a) PRINTED FULL NAME Eliza Valeska McMurray
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex female
 5. Color or race Black
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Sylvester W. McMurray
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Nov. 25, 1871
(Month) (Day) (Year)

8. AGE: 76 Years 7 Months 30 Days
If less than one day hr. min.

9. Birthplace Hunansville Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation retired housewife

11. Industry or business
 12. Name Calvin Hall
 13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
 14. Maiden name Francis Harris
 15. Birthplace Louisville Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Jack McMurray
 (b) Address 1105 Jackson Ave.

17. (a) Burial (b) Date thereof July 28,
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Parkway Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.
 (b) Address Joplin Mo.

19. (a) 7-31-47 (b) Delores Sampkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 23 day 1947
 year 8-30 P.M. hour minute M.
 21. I hereby certify that I attended the deceased from 1-15-43
 to 7-23 1947;
 that I last saw her alive on 7-23 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial
 Duration 2 yrs.
 Due to Cardiovascular Renal Disease 4 yrs.
 Due to
 Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause of 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
 Signature Guy J. McCutcheon (M. D. or other) by D
 Address 401 Purvis Bldg Joplin Date signed 7-28-47

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

MOTHER FATHER

47-8-674

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 _____

Penj K Hurlbut

Licensed Embalmer No. _____

959

P. O. Address _____

Joseph Meo

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.