

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Cain
State File No. **32003**
Registrar's No. **69**

Registration District No. **270** Primary Registration District No. **3050**

1. PLACE OF DEATH:
(a) County **Pemscott**
(b) City or town **Caruthersville**
(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 **29 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pemscott 75**
(c) City or town **Caruthersville** 1
(If outside city or town limits, write "RURAL")
(d) Street No. **210 E 5th St.** 2
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Leila Wayne McMurry meadows**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **30**
year **1947** hour **6** minute **45 A.M.**
21. I hereby certify that I attended the deceased from **July 15**, 19**47** to **Sept 30**, 19**47**
that I last saw her alive on **Sept 30**, 19**47**
and that death occurred on the date and hour stated above.

4. Sex **7 /** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **widowed**
6. (c) Age of husband or wife if alive **3** years
7. Birth date of deceased **Oct 1871**
(Month) (Day) (Year)

Immediate cause of death **Coronary Occlusion** Duration **6**

8. AGE: Years **75** Months **11** Days **27**
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace **Harris Station Tenn.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Nurse**

Other conditions: **Chl. Congestive heart failure**
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name **Nosie W. McMurry**
13. Birthplace **Middle Tenn.**
(City or town, or county) (State or foreign country)
14. Maiden name **Elizabeth Gater**
15. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

Major findings: **gth**
Of operations _____
Of autopsy _____

16. (a) Informant **John Sawing**
(b) Address **Caruthersville mo.**

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? _____

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **Oct 2 - 1947**
(Month) (Day) (Year)
(c) Place: burial or cremation **Dresden Tenn.**
18. (a) Signature of funeral director **A. Forge Ind. Co.**
(b) Address **Caruthersville mo.**
19. (a) **10-4-47** (Date received local registrar) (b) **Beulah B. Weber** (Registrar's signature) **247**

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **Dr. Cain** (M. D. or other) **met**
Address **Caruthersville mo.** Date signed **9/31/47**

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

10-47-276

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.....

Boytt B. Willis, Registered Apprentice No. 19
working under my personal supervision.

Signed Noel C. Sean

Licensed Embalmer No. 3941

P. O. Address Canthursville
MS

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.