

S. No. 2
OM-2-43
v. 5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40742**
Registrar's No. **25**

FILED NOV 26 1947

Registration District No. **31927**

Primary Registration District No. **6263**

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Lebanon Route 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Finley Lumb 1
(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 Missouri (b) County Webster **112**

(c) City or town Lebanon Route 2 **1**
(If outside city or town limits, write "RURAL")

(d) Street No. Finley Lumb **1**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JAMES LUTHER MURRAY

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30 year 1947 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from December 10, 1946 to Oct 29, 1947 that I last saw him alive on Oct 29, 1947 and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Sept 17 1885
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis **iurk**

Due to Myocardial Infarct

Due to Embolic

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

8. AGE: Years Months Days If less than one day

62 1 13 _____ hr. _____ min.

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

10. Usual occupation Farmer

Major findings: Of operations 94.7

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name James Murray

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

14. Maiden name Matilda Maize

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

16. (a) Informant Victoria Murray (Sister)

(b) Address Lebanon Mo. Route 2

17. (a) Burial (b) Date thereof 11 1 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mtn Dale

18. (a) Signature of funeral director Kelley, Fernell Bergman

(b) Address Lebanon Mo

19. (a) Nov 17-47 (b) Gilbert Jones
(Date received local registrar) (Registrar's signature)

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 2

23. Signature J.P. Gill (M. D. or other) **112**

Address Lebanon Mo Date signed 10/30/47

RECEIVED

District Health Officer No. 6,

District File Number 1147-1250

Date Filed NOV 25 1947

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 H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.