

No. 2
12-45
17-39
X47370

FILED DEC 26 1947

Registration District No. **75**

Primary Registration District No. **3015**

1. PLACE OF DEATH:

(a) County **Clinton**
(b) City or town **Cameron**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
W 3rd St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **720**
(Specify whether years, months or days) **50 yrs**

3. (a) PRINT FULL NAME **Charles Martin Murray**

3. (b) If veteran, name war **World war 1** 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **2**

6. (b) Name of husband or wife **Agnes F Murray** 6. (c) Age of husband or wife if alive **11** years **1888**
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **59** Months **6** Days **5** If less than one day hr. min.

9. Birthplace **Clinton Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **U S Post Master - Cameron Mo**

11. Industry or business

12. Name **Martin Murray** **9**

13. Birthplace **no record** **IL** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Rice**

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

16. (a) Informant **Mrs W E Augley**

(b) Address **Cameron**

17. (a) **Burial** (b) Date thereof **12-15-47** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Catholic cemetery**

18. (a) Signature of funeral director **Polard Funeral Home**

(b) Address **Cameron**

19. (a) **Dec. 17, 1947** (b) **Winifred W. Moser** (Date received local registrar) (Registrar's signature) **2 0 0**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clinton** **25**
(c) City or town **Cameron** **1**
(If outside city or town limits, write "RURAL")
(d) Street No. **W 3rd St** **1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **16** year **1947** hour **7:57** minute **7:57** M.

21. I hereby certify that I attended the deceased from **Dec 16** 19**47** to **Dec 16** 19**47** that I last saw him alive on **Dec 16** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **30 min**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **94R**

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) (e) Means of injury **0**

23. Signature **Geo. James** (M. D. or other)

Address **Cameron, Mo** Date signed **12-16-47**

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

FEB 5 1948

512 S 5

JAN 16 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 George R. Trammell

Licensed Embalmer No. 4425

P. O. Address. 329 1/2 West 3rd

Cameron, 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.