

S. No. 2
I-1/47
5-17-39

State File No.

FILED JAN 8 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1131

39
12
6

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution Springfield Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether in hospital or institution)

In this community 58 Years
years, months or days 11 mo. 24 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield - Rural 1
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. 5 6
(If rural, give location No.)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country.....

3. (a) PRINT FULL NAME Luther Jacob Murray

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male c

5. Color or race White

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

6. (b) Name of husband or wife Maude Murray

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 4, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>11</u>	<u>24</u>hr.....min.

9. Birthplace Greene County Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Zelotz Murray

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Rosenberger

15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Maude Murray

(b) Address Springfield Mo. R # 5

17. (a) Burial Springfield (b) Date thereof 12/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield

18. (a) Signature of funeral director Springfield Mo.

(b) Address.....

19. (a) 12-30-47 (b) W E Handley md
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
year 1947 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from 12/27/47
12/28, 1947, to 12/28, 1947,
that I last saw him alive on 12/28, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed +
Bladder
Due to Blch of touch falling
on trunk

Due to.....

Other conditions accidental med
(Include pregnancy within 3 months of death)

Major findings: —

Of operations.....

Of autopsy no 1947

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) Accident 39

(b) Date of occurrence 12/27-47

(c) Where did injury occur? Rural - Springfield Greene Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? farm ✓

While at work? 17 of 10 (Specify type of place)

23. Signature W E Handley md (M. D. or other) 0

Address Springfield Mo Date dictated 12/29/47

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

Max Rhodes
.....
Licensed Embalmer No. *4071*
P. O. Address *Spring Hill*
.....

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.