

S. No. 2  
M-5-43  
5-17-39  
I X36671

FILED JAN 12 1948

Registration District No. 248

Primary Registration District No. 5328

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

1. PLACE OF DEATH:

(a) County Crawford

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

(c) Name of hospital or institution:  
Leasburg, Mo. Rural 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

3. (a) PRINT FULL NAME ALICE MURRAY

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Feb 17 1897  
(Month) (Day) (Year)

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

60 10 15 hr. min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Carson

13. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

14. Maiden name John Carson

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

16. (a) Informant John Carson

(b) Address Leasburg Mo Rural

17. (a) Removal (b) Date thereof 1-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Walley Cemetery, Leasburg, Mo.

18. (a) Signature of funeral director Eddy

(b) Address Bourbon Mo

19. (a) 1-4-48 (b) John A. Handlin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis City  
(Outside city or town limits, write "RURAL")

(d) Street No. 5844 - Lotus Ave  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th  
year 1948 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

That I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Stimulation of Duration  
Respiration. Best of our knowledge  
was cause of death

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? Mo.

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature John M. Carson Coroner - 3  
(Attest or other)

Address St. Louis Mo Date signed 1-4-48

JAN 19 1948

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.....

*Hansman E. Haener*....., Registered Apprentice No. *445*  
working under my personal supervision.

Signed *Elbert E. Long*.....

Licensed Embalmer No. *3504*

P. O. Address *Bonbon Ma*.....

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.