S. No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17285

FILED JUN 1 1948

Registration District No. 3801 Primary Registration District No. 6041 Registrar's No. 2312

1. PLACE OF DEATH:
(a) County Ripley Thomas Twp
(b) City or town Naylor Rural
(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 years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ripley 91
(c) City or town Naylor Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 60
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Limuel McMurtry
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dona Walker McMurtry
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased September 5 1875 (Month) (Day) (Year)
8. AGE: Years 72 Months 7 Days 17 If less than one day hr. min.
9. Birthplace Ripley County (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name George Randolph McMurtry
13. Birthplace (City, town, or county) Tenn. / (State or foreign country)
14. Maiden name Beckey Farr
15. Birthplace (City, town, or county) Tenn. / (State or foreign country)
16. (a) Informant Dona W. McMurtry
(b) Address Naylor, mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24/48 (Month) (Day) (Year)
(c) Place: burial or cremation GumCem.
18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor Mo.
19. (a) 5-11-48 (Date received local registrar) (b) E. O. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1948 hour 5 minute A M.
21. I hereby certify that I attended the deceased from april 18, 1948, to april 22, 1948 that I last saw ~~him~~ alive on april 21, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death lobar pneumonia
Due to —
Due to —
Other conditions chronic nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: H Everhart (M. D. or other)
Address Naylor Mo Date signed 5/8/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 548357
Date Filed 5-27-48

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 Carlos Taylor, Registered Apprentice No. 60, working under my personal supervision.

Signed Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.