FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23461

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 12

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Odessa
(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: 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lafayette 54
(c) City or town: Odessa
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Martha E. Murry
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Fe /
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married /
6. (b) Name of husband or wife: W.M. Murry
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: May (Month) 8, (Day) 1884 (Year)
8. AGE: Years 64 Months 0 Days 13 If less than one day hr. min.
9. Birthplace: Camden, (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:

MOTHER FATHER
12. Name: Wm. Witty
13. Birthplace: not known (City, town, or county) 7 (State or foreign country)
14. Maiden name: Cassie Warren
15. Birthplace: (City, town, or county) Iowa. / (State or foreign country)

16. (a) Informant: W.M. Murry
(b) Address: Odessa, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 20, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenton Cem. Odessa,
18. (a) Signature of funeral director: Husman-Sparks
(b) Address: Odessa Mo.

May 19 1948 (Date received local registrar) Lillie Drummond (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from Called as acting Coroner, 19 to 19; that I last saw he/she alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Coroners Embolism

Due to: History of pain in chest neck & arms for several days

Due to: Death immediately after attack of vomiting

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

Duration

Major findings:
Of operations: None
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) Mo.
While at work? (e) Means of injury:

23. Signature: W C Hearn M.D. (M. D. or other)
Address: Odessa Mo. Date signed: 5/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....
Date Filed 7-23-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed William T. Spark

Licensed Embalmer No. #4431

P. O. Address Odessa, M

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

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