

FILED AUG 16 1948

Registration District No. 383

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655  
3037

State File No. 23476  
Registrar's No. 88

**1. PLACE OF DEATH:**

(a) County Lawrence

(b) City or town Mt. Vernon

(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 257 days  
(Specify whether years, months or days)

In this community 257 days  
(years, months or days)

**3. (a) PRINT FULL NAME** Ernestine Murray

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 13 1934  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>14</u>	<u>5</u>	<u>3</u>	hr. min.

9. Birthplace Crystal City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business

12. Name Eliza Murray

13. Birthplace Atlanta Georgia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lewis

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San, Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof July-17-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo.

18. (a) Signature of funeral director Max J. Consett

(b) Address Mt. Vernon, Mo.

19. (a) July 28-48 (b) Cecil Handricks  
(Date received by local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jefferson

(c) City or town Festus  
(If outside city or town limits, write "RURAL")

(d) Street No. Glass St.  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 16th  
year 1948 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from Nov. 2d 1947 to July 16 1948,  
that I last saw her alive on July 16 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Abt 3 yrs

Due to

Due to

Other conditions 15-15  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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) (c) Means of injury

23. Signature Y. F. Kujawa (M. D. or other) Med

Address Mt. Vernon, Missouri Date signed 7-16-48

WHILE FILING - USE UNFADING INK - MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 848-905

Date Filed AUG 13 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.....

*By Me*

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

working under my personal supervision.

Signed *Max J. Fossett*

Licensed Embalmer No. *4252*

P. O. Address *W. Vernon, 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.