

BUREAU OF THE CENSUS
FILED JUL 30 1948THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 23994Registration District No. 814Primary Registration District No. 6056Registrar's No. 48

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Osceola (Butler Twp)
(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

In this community 6 years years, months or days)3. (a) PRINT FULL NAME Fine Euring Murray3. (b) If veteran, name war no 3. (c) Social Security No. 496-10-89084. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Maude Murray 6. (c) Age of husband or wife if alive 69 years7. Birth date of deceased June 9 1879
(Month) (Day) (Year)8. AGE: 69 Years 0 Months 21 Days If less than one day
hr. min.9. Birthplace Johnson County, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation carpenter

11. Industry or business _____

12. Name Thomas P. Murray
13. Birthplace West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sally Fulkerson
15. Birthplace Lafayette County Mo;
(City, town, or county) (State or foreign country)16. (a) Informant Jack Murray(b) Address Holmes Park Mo;17. (a) Burial (b) Date thereof 7/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pittsville Missouri18. (a) Signature of funeral director F.B. Goodrich(b) Address Osceola Missouri19. (a) 7-27-48 (b) Rich Seavers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1948 hour 9 minute A M.21. I hereby certify that I attended the deceased from death
not see him alive 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 apoplexy

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 836
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? _____

While at work? _____ (Specify type of place)
(or) Means of injury 223. Signature J. Marshall (M.D. or other) DO.
Address Osceola Mo. Date signed 7/1/48

RECEIVED
District Health Officer No. 74
District File Number 6-48-855
Date Filed 2-29-48

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 J. B. Goodrich
Licensed Embalmer No. 3038
P. O. Address Osceola, 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.