

FILED SEP 27 1948  
Registration District No. 228

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Months  
In this community 29 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1338 N. Concord  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mary Eileen Murray

3. (b) If veteran, name war no 3. (c) Social Security No. X

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ralph Murray 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Nov. 2 1911  
(Month) (Day) (Year)

8. AGE: Years 36 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Fayetteville Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Walter Smith  
13. Birthplace Yellville, Ark.  
(City, town, or county) (State or foreign country)  
14. Maiden name Edna Keeter  
15. Birthplace Bruna, Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Murray

(b) Address 1338 N. Concord

17. (a) burial (b) Date thereof 9-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director J. W. Klingner

(b) Address Springfield

19. (a) 9-21-48 (b) W. J. Handley, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19  
year 1948 hour 3 minute 15 a.m.

21. I hereby certify that I attended the deceased from April 25, 1948, to SEPT 19, 1948.

that I last saw her alive on SEPT 18, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF LEFT BREAST Duration 22 months

Due to  
Due to

Other conditions METASTASES TO PELVIS, RIBS, SPINE  
(Include pregnancy within 3 months of death)

Major findings: 50  
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature John P. Bergmann, M.D.  
Address Med. Bldg. Springfield, Mo. Date signed 9/20/48

APR 16 1952

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.....

*John D. McNabb*, Registered Apprentice No. *85*  
working under my personal supervision.

Signed *Ogle Stone Jr.*  
Licensed Embalmer No. *4176*  
P. O. Address *Springfield 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.**