FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42343

Registration District No. 376 Primary Registration District No. 4560 Registrar's No. 30

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

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Norwood
(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) 1
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright 114
(c) City or town Norwood 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Lydia L. McMurtrey
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Joseph S. McMurtrey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 24 (Day) 1864 (Year)

8. AGE: Years 84 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Sheboygan (City, town, or county) Wisc. (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business Housewife
FATHER
12. Name Charles Hirsch
13. Birthplace (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant George Hirsch
(b) Address Mountain Grove, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest
18. (a) Signature of funeral director Grable-Windle
(b) Address Mountain Grove, Mo.
19. (a) Dec. 24, 1948 (Date received local registrar) (b) Mrs. A. R. Warshaw by Mrs. N. W. Warshaw (Registrar's signature) 347

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1948 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from Sept 5 1948
19 , 19 , 1948
that I last saw her alive on Nov 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Cold & Flu
Due to Mitral Insufficiency
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 92 B

Duration

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other)
Address Norwood Date signed 12/20 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 149-33
Date Filed 1-11-49

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 Frank Gable

Licensed Embalmer No. 4140

P. O. Address Mountain Grove, 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.