

FILED JUL 21 1945

Registration District No. 121

Primary Registration District No. 4200

1. PLACE OF DEATH:

- (a) County Greene  
(b) City or town Ash Grove  
(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 27 Years  
years, months or days

3. (a) PRINT FULL NAME Francis Fannie Murray

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife W. L. Murray 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 8 24 1886  
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 28 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ind- (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

12. Name UNKNOWN  
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)  
14. Maiden name LUCY STAFFORD  
15. Birthplace GREENVILLE ALA- (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Stella Stallone

(b) Address GARY IND-

17. (a) BURIAL (b) Date thereof 6.24.1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BERRY CEM.

18. (a) Signature of funeral director MORRIS E. LEIMAN

(b) Address ASH GROVE MO

19. (a) June 22-1945 (b) J. W. Burch  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Greene  
(c) City or town Ash Grove  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 22  
year 1945 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 10-1  
1945 to June 22 1945  
that I last saw him alive on June 20 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death:

Myocardial failure  
Senility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy 162X

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 J. W. Burch (M. D. or other) J. W. Burch  
Address Ash Grove MO Date signed 6/22/45

RECEIVED

Greene County Health Office,

County File Number 45-7-56

Date Filed 7-19-45

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

Maude D. Morris

Licensed Embalmer No.

9066

P. O. Address

Ash 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.