REC'D FEB 25 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Wyatter
See Dup 3428-39
3437
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis
(b) Township
(c) City Sedalia
Registration District No. 668
Primary Registration District No. 3032
Registered No. 35
(d) Street No. 1320 East 13th.St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

80 4 4

2. PRINT FULL NAME 64C John J.Murrell
(a) Residence, No. 1320 East 13th.St. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

3428-39

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Murrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug.2,1877

7. AGE: Years 61 | Months 5 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engneer
9. Industry or business in which work was done, as saw mill, bank, etc. Mo Pac.R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME John H.Murrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER
15. MAIDEN NAME Lydia Rabourn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT J.R.Murrell
(ADDRESS) Sedalia,Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mem.Park DATE Jan.30,1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
(ADDRESS) Sedalia,Mo.

20. FILED Jan 30, 1939 Mrs Harry Sneed Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan.28,1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937, to Jan 28, 1939
I last saw him alive on Jan 28, 1939. Death is said to have occurred on the date stated above, at 7.40 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1937

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A.L. Walter, M. D.
(Address) Sedalia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/8/39

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, L. E. Boulelin; or by

Registered Apprentice No., working under my personal supervision.

Signed L E Boulelin

Licensed Embalmer No. 3867

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.