

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 147

1. PLACE OF DEATH:

1651 OCT 13 1939

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fitzgibbon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 719 N. Ellsworth
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME: Archie Dean Murdock 632

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susie Richardson 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased: Feb. 3 1905
(Month) (Day) (Year)

8. AGE: Years 34 Months 7 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Gilliam, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Factory 0

11. Industry or business Shoe Factory 0

MOTHER FATHER { 12. Name Austin Murdock 0

13. Birthplace Gilliam, Mo. 0

14. Maiden name Neca Shephard (City, town, or county) (State or foreign country)

15. Birthplace Gilliam, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Archie D. Murdock

(b) Address Marshall Mo. R.R. 2

17. (a) Burial (b) Date thereof Sept. 4 '39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Sussney

(b) Address Marshall, Mo.

19. (a) 9-5-39 (b) in my hand
(Date received local registrar) (Registrar's signature) 712

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1939 hour 6 minutes 30 A. M.

21. I hereby certify that I attended the deceased from Sept 21
1939 to Sept 30, 1939
that I last saw him alive on Sept 30, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Septicemia 10 days

Due to Septic Hemolytic

Due to thromb

Other conditions Thrombocytopenia 6 days
(Include pregnancy within 3 months of death)

Major findings: Of operations 1150

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 [Signature] (M. D. or other) _____

Address [Address] Date signed 9/4/39

RECEIVED
District Health Officer No. 8,
District File Number 10/10/39
Date Filed

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 _____

Licensed Embalmer No. 3235

P. O. Address Marshall, Ill

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

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