

No. 2  
11-10-39  
5-17-39  
I X21492

Dr. Dewey

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6657  
State File No. \_\_\_\_\_  
Registrar's No. 183

Registration District No. 3 1/2 1940

Primary Registration District No. 2001

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 Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 hours  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Henry Murdock 632  
8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 26 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
7 83 8 25 hr. \_\_\_\_\_ min.

9. Birthplace Henry Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. Conductor

11. Industry or business Frisco R.R.

MOTHER FATHER { 12. Name: Henry Murdock  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. Bert Hight  
(b) Address Springfield, Mo.

17. (a) Removal (b) Date thereof Feb. 23 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Henry, Illinois

18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo. 290

19. (a) 2/22/40 (b) Chas. A. George  
(Date received local registrar) (Registrar's signature)

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. 751 College  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 21  
year 1940 hour 11 minute 15 A. M.  
21. I hereby certify that I attended the deceased from Feb 20  
1940 to Feb 21 1940  
that I last saw him alive on Feb 21 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Old age  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
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? \_\_\_\_\_

White at work \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_  
Signature James E. Dewey (M. D. or other) \_\_\_\_\_  
Address Springfield Mo Date signed 2.21.40

**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 Walter E. Hamilton  
Licensed Embalmer No. 3808  
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, above space should be left blank.

X