

I X19511

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. USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26162

State File No. _____

Registration District No. 773

Primary Registration District No. 4464

Registrar's No. 178

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington Mo
(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 39 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Farmington
(If outside city or town limits, write "RURAL")

(d) Street No. 212 West Columbia
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Anna Lee Murrell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1940 hour 5 minute 2 a. m.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John Murrell

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 9 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Friday July 28, 1940, to July 2, 1940 that I last saw him alive on July 1, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 23 Days _____ If less than one day hr. _____ min. _____

9. Birthplace New Burn Tenn.
(City, town, or county) (State or foreign country)

Immediate cause of death Cerebral Apoplexy Duration 4 days

Due to arteriosclerosis 4 yrs.

Due to myocarditis 4 yrs.

10. Usual occupation _____

11. Industry or business School Teacher Home maker

12. Name Samuel Templeton

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Summells

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

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____ M. C.

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Bryan Murrell

(b) Address Blair, Mo

17. (a) Burial (b) Date thereof July 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo

18. (a) Signature of funeral director Farmington, Mo

(b) Address Farmington, Mo

19. (a) July 3-1940 (b) T. J. Robinson
(Date received local registrar) (Registrar's signature)

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? 699
(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Geo. H. Robinson (M. D. or other) _____

Address Farmington Mo Date signed July 3-40

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.....

C. H. Cozian....., Registered Apprentice No. _____
working under my personal supervision.

Signed

C. H. Cozian
Licensed Embalmer No. 4084

P. O. Address Farmington 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.