

Registration District No. 413 Primary Registration District No. 5559.C.e. Registrar's No. 51

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Monroe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jasper Co. H.C. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mo
(Specify whether
In this community 1
years, months or days)

3. (a) PRINT FULL NAME Monroe Murray

3. (b) If veteran, name war 1 3. (c) Social Security No. 491-12-3976

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

6. (b) Name of husband or wife Divorced 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Nov 17 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 14 If less than one day hr. min.

9. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business 1

12. Name Bennett Murray

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

14. Maiden name Malissa Allen

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

16. (a) Informant Mrs. Clarence Riddle

(b) Address R # 1, Webb City

17. (a) Burial (b) Date thereof Nov 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville Cemetery

18. (a) Signature of funeral director Webb City Used by

(b) Address Webb City Mo

19. (a) NOV. 2. 40 (b) J. M. Patchett M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 710 East Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1940 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from Sept 6, 1940 to Nov 1, 1940 that I last saw him alive on Nov 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Silico Pulmonary

Due to

Other conditions 73
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature Jesu E. Dacylow (M. D. or other) 1
Address Webb City Mo Date signed 11/10

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....

A. J. Jones

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

A. J. Jones

Licensed Embalmer No.....

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P. O. Address.....

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.