

No. 2
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7-39
K21492

REC'D FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1602

State File No. _____

Registration District No. 20

Primary Registration District No. 50 27

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural Tarkio Twn
(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 _____
years, months or days

3. (a) PRINT FULL NAME Edgar Murray

3. (b) If veteran, name war _____
8. (c) Social Security No. 487-03-9580

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 SEPT - 12 - 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day.
27 0 1 _____ hr. _____ min.

9. Birthplace STANTON CO NEBRASKA
(City, town, or county) (State or foreign country)

10. Usual occupation MECHANIC

11. Industry or business _____

MOTHER FATHER { 12. Name ALEX P. MURRAY

18. Birthplace SKIDMORE MO
(City, town, or county) (State or foreign country)

14. Maiden name LULA TOTTEN

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

16. (a) Informant Mrs. Chas. M. Burnett

(b) Address Beatrice, Nebr.

17. (a) _____ (b) Date thereof 9-15-1940
(Burial, cremation, re-removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURR OAK CEMETERY

18. (a) Signature of funeral director [Signature]

(b) Address SAVANNAH MO

19. (a) Sept-13-40 (b) C. W. Vaughn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County NOBAY 74
(c) City or town SKIDMORE 00
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 13th
year 1940 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Head injuries caused by car wreck. Death Accidental

Due to Lost control of car on curve same overturned and

Due to rolled about 75 feet.

He was thrown from the car

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) Accidental

(b) Date of occurrence September 13th 1940

(c) Where did injury occur? Near Tarkio Atchison MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway #59 1 1/2 mi so Tarkio

While at work? NO (Specify type of place) (e) Means of injury CAR

23. Signature [Signature]

Address Westboro, Missouri Date signed 9/13/40

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Fred Terhune

Licensed Embalmer No. 1279

P. O. Address. Savannah

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.