No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37863

Registration District No. 85 FILED DEC 10 1941

Primary Registration District No. 1001

Registrar's No. 1094

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days (Specify whether
In this community 49 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1911 Clay Street. 7
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Julia Murray

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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 February (Month) 14 (Day) 1873 (Year)

8. AGE: Years 68 | Months 9 | Days 0 | If less than one day hr. min.

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

10. Usual occupation House keeper

11. Industry or business Mrs. Sam McCord Res.

FATHER
12. Name William Murray
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Theresa Johnson
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Sam McCord
(b) Address 1911 Clay St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery.

18. (a) Signature of funeral director Herman Wm Sidenfaden
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 11/17/41 (Date received local registrar) (b) H J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
year 1941 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from
Aug 11, 1941, to Nov 14, 1941;
that I last saw her alive on Nov 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Breast	2 yrs
Due to —	
Due to —	
Other conditions Metastatic carcinoma Spine (Include pregnancy within 3 months of death)	6 mo

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

23. Signature [signature] (M. D. or other) MD
Address St Joseph Mo Date signed Nov 15-41

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(Licensed Embalmer's Statement on Reverse Side)

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.....Albert R. Harrington

Licensed Embalmer No.....3258

P. O. Address.....St. Joseph, Mo.

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

If this body is not embalmed, fact should be so stated above.