

FILED FEB 4 1942

Registration District No. 418

Primary Registration District No. 3015

1. PLACE OF DEATH:

(a) County GOOPEY
 (b) City or town BOONVILLE (City)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
RAVENS WAYS HOSPITAL
 (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 LULA C. MURRELL3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex FEMALE 5. Color or race white6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife Wm Murrell6. (c) Age of husband or wife if
alive 59 years7. Birth date of deceased 10 7-1890
(Month) (Day) (Year)8. AGE: Years 57 Months 3 Days 13
If less than one day _____ hr. _____ min.9. Birthplace Moniteau Co Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm Swearingin13. Birthplace Moniteau Co Missouri
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Andrew15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lula Murrell(b) Address Boonville Mo17. (a) Removed (b) Date thereof 1-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pettigrew Cem18. (a) Signature of funeral director C. Albert Hornbeck(b) Address Prater Home Mo19. (a) 1-20-1942 (b) Dr. Chas Swap
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1942 hour _____ minute 10 M.21. I hereby certify that I attended the deceased from Jan 19
1942, to Jan 20 1942that I last saw her alive on Jan 20 1942
and that death occurred on the date and hour stated above.Immediate cause of death Diabetes ComaDue to Diabetes

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: None
Of operations _____Of autopsy None

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?
While at work _____ (Specify type of place) _____
(e) Means of injury _____23. Signature Hean Ramney (M. D. or other) _____
Address Boonville Mo Date signed Jan 20 1942

FEB 19 1942

RECEIVED
Public Health Officer No. 8;
District File Number.....
Date Filed 2-3-42

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 C. Albert Hornbeck
Licensed Embalmer No. 2714
P. O. Address Prarie Home 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.