

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 9 1942

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Fredericktown, 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Claude Greene Murray

3. (b) If veteran, name war WW 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Bertha Murray 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 10 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Fredericktown, Madison, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic's

11. Industry or business _____

12. Name Mrs. Jasper Murray

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

14. Maiden name Mrs. Ellen Brewer

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

16. (a) Informant Mrs. Bertha Murray

(b) Address Fredericktown, Mo

17. (a) Burial (b) Date thereof Oct 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo

18. (a) Signature of funeral director Ed. H. Webb

(b) Address Fredericktown, Mo

19. (a) Oct 19 1942 (b) S. C. Campbell
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 27 1942
to Oct 19 1942
that I last saw him alive on Oct 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failed
under long stress
7 Gall Bladder
Duct was blocked.

Due to _____
Due to _____

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

Major findings: Of operations 126
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 2

23. Signature M. B. Barber (M. D. or other) M.D.
Address Fredericktown, Mo Date signed 10 19 42

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

62
1

RECEIVED

District Health Officer No. 3

District File Number 1142-1334

Date Filed 11-6-42

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 John Bell

Licensed Embalmer No. 4264

P. O. Address Friedericktown

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, fact should be so stated above.