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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

Registration District No. 316

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37945

Primary Registration District No. 3059

Registrar's No. 57

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 134 S W Main Street / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre (If outside city or town limits, write "RURAL")

(d) Street No. 134 S W Main (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret Murrill

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hardy Murrill

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 29 (Day) 1864 (Year)

8. AGE: Years 78 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Crisson

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Record left by deceased

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/42 (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre Cemetery

18. (a) Signature of funeral director Benham Undertaking Co.

(b) Address Bonne Terre, Missouri

19. (a) Nov. 4, 1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st year 1942 hour ## minute ## M.

21. I hereby certify that I attended the deceased from ### ## ### ### ###

RECEIVED
District Health Officer No. 3
District File Number 1242-1439
Date Filed 12-8-42

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~~

Eleuan Province, ~~Registered Apprentice No.~~

~~working under my personal supervision.~~

Signed Eleuan Province

Licensed Embalmer No. 3403

P. O. Address Bonne Terre, Missouri

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.

S. No. 2B
DM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37945
Registrar's No. 57

Registration District No. 316 Primary Registration District No. 3059

1. PLACE OF DEATH:
(a) County: St Francois
(b) City or town: Bonne Terre
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Margaret Murrill
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: May (Month) 29 (Day) 1864 (Year)
8. AGE: Years 78 Months 5 Days If less than one day hr. min.
9. Birthplace: (City, town, or county) Unk. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. Day 31 year 1942 hour minute 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 there was no autopsy held on this body. Had been suffering from "Flu" for some time. (Duration)
Due to
Other conditions (Include pregnancy within 3 months of death) 330
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 J. E. McDonald (M.D. or other)
Address Bonne Terre Mo Date signed 11/29/42

SUPPLEMENTARY