

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

7220

FILED MAR 21 1943
Registration District No. 274

Primary Registration District No. 3052

State File No. _____
Registrar's No. 42

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

1. PLACE OF DEATH:
(a) County. Pettis
(b) City or town. Sedalia
(c) Name of hospital or institution: 131 East Chestnut /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community. lifetime
years, months or days)

3. (a) PRINT FULL NAME Beverly Jo Murray
3. (b) If veteran, name war. none 3. (c) Social Security No. none

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. child
6. (b) Name of husband or wife. ***** 6. (c) Age of husband or wife if alive. ***** years
7. Birth date of deceased. Nov. 18, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 2 14 hr. min.

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

10. Usual occupation. child

11. Industry or business
12. Name. Jerome Murray
13. Birthplace. California, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name. Josephine Wahlers
15. Birthplace. Sedalia, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant. Jerome Murray (father)
(b) Address. 131 E. Chestnut, Sedalia, Mo.

17. (a) Burial (b) Date thereof. 2/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. California, Mo.

18. (a) Signature of funeral director. Ward Ewing
(b) Address. Sedalia, Missouri

19. (a) Feb. 3, 1943 (b) Miss Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Pettis
(c) City or town. Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 131 East Chestnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 2
year 1943 hour 5:25 minute 0 A. M.
21. I hereby certify that I attended the deceased from Feb 1-43
to Feb 2 43
that I last saw her alive on Feb. 2, 43
and that death occurred on the date and hour stated above.

Immediate cause of death. Supper's Paratyphoid

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 10

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?

While at work? _____ (Specify type of place) (Means of injury)
23. Signature. J. E. Smith (M. D. or other) MD
Address. Sedalia, Mo. Date signed Feb 3

Dr. Mitchell

RECEIVED

District Health Officer No. 8,

3-4-43

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 *Shirane Ewing*
Licensed Embalmer No. *35747*
P. O. Address *Sedalia 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, fact should be so stated above.