

No. 2
5-17-38
X32573

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14681

State File No. _____

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00
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

Registration District No. 171

Primary Registration District No. 5638

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Rural Sniabar Twns.
(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 5 Yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(d) Street No. 6 Mi. South East of Odessa
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daniel M. Murry

3. (b) If veteran, name war _____ 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 Georgie Murry 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 28 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 5 10 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name William B. Murry Va.

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

14. Maiden name Violetta Lanier Va.

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

16. (a) Informant Mrs. Georgie Murry

(b) Address Bates City, Mo.

17. (a) Burial (b) Date thereof Apr. 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa, Mo. Cemetery

18. (a) Signature of funeral director J. H. Turner

(b) Address Odessa, Mo.

19. (a) May 3-1943 (b) Mrs. W. F. Baker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1943 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Called in
official capacity as coroner 19 April
that I last saw him alive on April March 15-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration _____

Due to Atherosclerosis thickening in
wall of left coronary artery

Other conditions Arteriosclerosis
(include pregnancy within 3 months of death)

Major findings: 940 **PHYSICIAN**

Of operations _____

Of autopsy Occlusion of
coronary artery
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 _____

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 W. F. Baker Coroner
Odessa, Mo. (M. D. or other) _____
Address Odessa, Mo. Date signed 4-8-43

1157

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-3-43

MAY 24 1943

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.....

James L. Newman

Licensed Embalmer No. 2541

P.O. Address..... Odessa, 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.