

18448

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED JUN 10 1943

Registration District No. 224Primary Registration District No. 3046Registrar's No. 81

1. PLACE OF DEATH:

(a) County Moniteau Co.
 (b) City or town California, Mo., Walker
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
603 N Oak California, Mo.
 (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) 25 Yrs

3. (a) PRINT FULL NAME Barbra Ellen Murray3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Oct 27 1862
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
80 6 29 hr. min.9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation House Wife

11. Industry or business _____

12. Name Harvy J. Cross13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Mary Cross15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Louis B. Baker(b) Address 603 N Oak California, Mo17. (a) Burial (b) Date thereof May 26 43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Murry Cemt, Centerton18. (a) Signature of funeral director Bowlin Funeral Home(b) Address California, MO19. (a) 5-27-43 (b) A. J. Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
 (c) City or town California, MO,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 603 N Oak, California, MO,
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1943 hour 5:10 minute 9 M.21. I hereby certify that I attended the deceased from Feb 2
1943, to May 26 1943that I last saw her alive on May 25 1943
and that death occurred on the date and hour stated above.Immediate cause of death Hydrostatic Pneumonia
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 2 D.O23. Signature A. J. Baker (M. D. or other) _____Address California, MO Date signed 5/27/43

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

MOTHER FATHER

AUG 9 1948

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 *Paul R. Boulton*

Licensed Embalmer No. *2126*

P. O. Address *California*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 81

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town California
(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)

3. (a) PRINT FULL NAME Barbra Ellen Murray
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 Oct 27 1902
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 108

Major findings: Of operations _____

Of autopsy _____

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 J. H. Danvers (M. D. or other) S.O.

Address California, Mo Date signed 6/25/43

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

SUPPLEMENTAL

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

S-18448