V. S. No. 2
00M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1944

Registration District No. 103

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3014

State File No. 30749

Registrar's No. 85

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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: 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay 24
(c) City or town: Liberty
(If outside city or town limits, write "RURAL")
(d) Street No.: 407 - N. Gallatin
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: ROXIE MURRAY
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband ~~or wife~~: Anthony Murray
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Aug. (Month) 6 (Day) - 1855 (Year)
8. AGE: Years 89 | Months 1 | Days 14 | If less than one day ..... hr. ..... min.
9. Birthplace: Frankfort (City, town, or county) Ky (State or foreign country)
10. Usual occupation: Home work
11. Industry or business: —
12. Name (Father): Richard Waller
13. Birthplace (Father): — (City, town, or county) Va (State or foreign country)
14. Maiden name (Mother): Parthena Coleman
15. Birthplace (Mother): — (City, town or county) Ky (State or foreign country)
16. (a) Informant: Gilbert Murray
(b) Address: 407 N. Gallatin, Liberty, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 23 1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: New Winnwood Mo.
18. (a) Signature of funeral director: Church - Archer Co
(b) Address: Liberty - Mo.
19. (a) Sept. 21. 44 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1944 hour 8- minute 40 P.M.
21. I hereby certify that I attended the deceased from Arrival of Ems, 19.. to Sept 20 1944 that I last saw her alive on Sept 20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart — myocardial failure —
Due to: arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

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: Wm. F. Goodson (M. D. or other)
Address: Liberty Mo Date signed: 9/21/44

926 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-10-44

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty 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.