

FILED DEC 15 1944
Registration District No. 272

Primary Registration District No. 6001

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town Rural, Saline Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Huntington; R.F.D I
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87

(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Huntington R.F.D.I
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert Eugene Murray

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28
year 1944 hour 9 minute 45A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Gertrude 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January II 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January, 1944 to November 28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death pernicious anemia Duration 2 yr.

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

75 10 17 hr. min.

Due to.....

Due to..... 730

Other conditions.....
(Include pregnancy within 3 months of death)

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

10. Usual occupation Farmer

Major findings:
Of operations.....

Of autopsy.....

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

11. Industry or business.....

12. Name John Murray

13. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Hubbard

15. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)

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? CO
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Alvin R. Miller M.D. or other 2
Address Hannibal Mo Date signed 11/29/44

16. (a) Informant Mrs Gertrude Murray

(b) Address Huntington, Mo. R.F.D. I

17. (a) Burial (b) Date thereof 11/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ariel Cemetery Ralls

18. (a) Signature of funeral director Wilson

(b) Address Monroe City: Mo

19. (a) 11-30-44 (b) Mrs. Carl Perkins
(Date received local registrar) (Registrar's signature)

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

700

1135

DEC 18 1944

RECEIVED

District Health Officer No. 10

District File Number 12-44-1959

Date Filed DEC 13 1944

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 By me

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Leslie Wilson

Licensed Embalmer No. 3014

P. O. Address Monrovia City, 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.