

FILED MAR 3 1945

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town St. Clair
(If outside city or town limits, write "RURAL")
(d) Street No. R-10
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Murray, Anna Grace
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Jan. day 3
year 1945 hour 11 minute 25 p.m.

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife George Murray 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Jan 7 1919
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-29, 1944 to 1-3, 1945
that I last saw h.c. alive on Jan. 3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix Duration 2 years +

8. AGE: Years 25 Months 9 Days 27 If less than one day
hr. min.

Due to _____
Due to _____

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

Other conditions Pylonephritis 40 few months

10. Usual occupation Housewife

Major findings: Of operations _____ Of autopsy See above

11. Industry or business _____

12. Name Acme Bank

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

14. Maiden name Sophia Hamberg

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

16. (a) Informant Anna Grace Murray

(b) Address St. Clair

17. (a) Burial (b) Date thereof 1 6 45
(Burial, cremation) or removal (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair, Mo

18. (c) Signature of funeral director Walter Perry

(b) Address St. Clair

19. (a) 1-4-1940 (b) Edna H. Barber (Registrar's signature)

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)

(e) Means of injury _____

23. Signature W. Ackerman (M. D. or other) MD

Address Camin 705 p. 1 Date signed 1/9/45

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

MOTHER FATHER

1250

RECEIVED

District Health Officer No. 9,

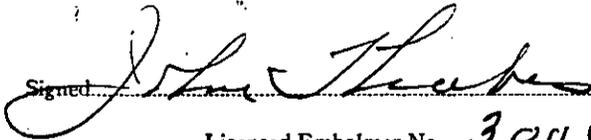
District File Number.....

Date Filed 3-2-45

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.....



Licensed Embalmer No. 3000

P. O. Address Pacific 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.