

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED FEB 19 1946

Registration District No.

Primary Registration District No. **1002**

Registrar's No. **593**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Jackson City**
(c) Name of hospital or institution:
1315 Summit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John August Murren**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Wid**
6. (b) Name of husband or wife **Bessie Murren** 6. (c) Age of husband or wife if alive **19** years
7. Birth date of deceased **Jan 19 1895**
(Month) (Day) (Year)

8. AGE: Years **21 70** Months **0** Days **16** If less than one day hr. min.
9. Birthplace **Ill.** **Ill.**
(City, town or county) (State or foreign country)

10. Usual occupation **laborer**
11. Industry or business
12. Name **Murren**
13. Birthplace **no record a**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna**
15. Birthplace **Sweeden**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Wright**
(b) Address **1315 Summit**
17. (a) **Burial** (b) Date thereof **Feb. 6-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Green Lawn**
18. (a) Signature of funeral director **Mrs C R Forster**
(b) Address **918 Broadway**
19. (a) **2-5-46** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Jackson City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1315 Summit**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **4**
year **1946** hour **8** minute **30 AM**
21. I hereby certify that I attended the deceased from **1/18**
19**46** to **2/1** 19**46**
that I last saw him alive on **2/1** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary thrombosis
arterial sclerosis
Due to **insufficiency**
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations: **a4a**
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?
While at work? (Specify type of place) (2) Means of injury
23. Signature **Harry Washburn** (M. D. or other) **Dr.**
Address **712 W. 14th St.** Date signed **3/5/46**

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

112 44574

Dr. W. W. ...
7 1/2 W - 14
Office 9M - 1673
Remo J. a - 6065
Done P.M.

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 me

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

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address: 918 Brooklyn

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.

A.C. ...