DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 23 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8684

Registration District No. 43 | Primary Registration District No. 5142 | Registrar's No. 86

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Near Harviel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Nearby Twp.
(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: 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler
(c) City or town: Near Harviel
(If outside city or town limits, write "RURAL")
(d) Street No.: Nearby Twp.
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: HENRY MURRELL
3. (b) If veteran, name war: No
3. (c) Social Security No. ____
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: Mary M. Murrell
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: April (Month) 5 (Day) 1885 (Year)

8. AGE: Years 60 | Months 11 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: Poynor (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farm

MOTHER
12. Name: Harvey Murrell
13. Birthplace: Poynor (City, town, or county) Mo. (State or foreign country)

FATHER
14. Maiden name: Minnie Pond
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mary M. Murrell
(b) Address: Harviel Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Black Cemetery Corning
18. (a) Signature of funeral director: R. J. Selby Jr.
(b) Address: Black's Mortuary Corning Mo.
19. (a) 3-9-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 7th year 1946 hour 7 minute A M.
21. I hereby certify that I attended the deceased from March 4th, 1946, to March 8, 1946, that I last saw him alive on March 6, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Uremic Poisoning — Duration
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): 132
Major findings:
Of operations: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
Of autopsy: ____

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) (e) Means of injury ____
23. Signature: F. F. Fan (M. D. or other)
Address: Neelyville Mo. Date signed: Mar 7

35 (Licensed Embalmer's Statement on Reverse Side)

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

7615

RECEIVED
District Health Office No. 2,
District File Number 346 — 375
Date Filed 3/12/46

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 Roman J. Selig Jr.

Licensed Embalmer No. 562

P. O. Address Corning Ark.

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.