

S. No. 2  
-11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22995

State File No. \_\_\_\_\_

**FILED** AUG 1 1946  
Registration District No. 29

Primary Registration District No. 4097

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Maryln Joe Murdock

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 11 1946  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			<u>1</u> hr. <u>30</u> min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business J. E. Murdock

12. Name \_\_\_\_\_ 13. Birthplace Cave Springs Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name Wilma Lancaster 15. Birthplace Cleveland Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Murdock (b) Address Pleasant Hill, Missouri

17. (a) Burial (b) Date thereof 7-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield (b) Address Pleasant Hill, Missouri.

19. (a) July 20, 1946 (b) Laura J. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State X (b) County X 19

(c) City or town \_\_\_\_\_ (If outside city or town limits write "RURAL") 1  
0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1946 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 11, 1946 to 12 visit 1946 that I last saw him alive on July 11 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Brainstature Birth at 5 1/2 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (Means of injury)

23. Signature E. A. Albers (M. D. or other) 19

Address Pleasant Hill Mo Date signed 7-12-46

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

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

9  
6

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**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.....

P. O. Address.....

**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, above space should be left blank.**