

No. 2
5-43
17-39
X36671

FILED JAN 29 1947

Registration District No. _____

Primary Registration District No. _____

56674287

Registrar's No. 3

1. PLACE OF DEATH:
(a) County LINCOLN
(b) City or town TROY
(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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LINCOLN 57
(c) City or town TROY, MO. (If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME MALCOLM HENRY MURMAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC. day 14
year 1946 hour 4 minute 40 P.M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife HARRIE MURMAN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 10 1949
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 12, 1946, to Dec 17, 1946.
that I last saw him alive on Dec. 17, 1946.
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 5 Days 4 If less than one day _____ hr. _____ min.

Immediate cause of death Terminal Pneumonia Duration 2 days

9. Birthplace LINCOLN Co. MO.
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation FARMER & TRADER

Major findings: Progressive Muscular atrophy

11. Industry or business _____

Of operations _____

12. Name JOHN H. MURMAN

Of autopsy g2

13. Birthplace WARREN Co. MO.
(City, town, or county) (State or foreign country)

14. Maiden name VIRGINIA JENKINS
15. Birthplace LINCOLN Co. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss PLEO MURMAN
(b) Address TROY, MO.

17. (a) BUTIAL (b) Date thereof DEC 16 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Wm. B. Riddle
(b) Address Troy, Mo.

19. (a) Jan. 6 1947 (b) Wm. B. Riddle
(Date received local registrar) (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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature W. B. Riddle (M. D. or other) _____
Address Troy, Mo. Date signed 1-6-47

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

43368

1-18-27

Date Filed

District File Number

District Health Officer No. 9,

RECEIVED

APR 9 1947

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

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address. Gray, Missouri

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.