

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1845**
 Registrar's No. **17**

Registration District No. **217** Primary Registration District No. **3045**

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

1. PLACE OF DEATH:

(a) County Mississippi
 (b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
408 S. Elm St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 years
(Specify whether years, months or days)

In this community 24 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Murray

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lele Murray 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased July 4, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>6</u>	<u>18</u>	hr. min.

9. Birthplace Savannah, Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Green Murray

MOTHER FATHER { 12. Name Unknown ?
 13. Birthplace Unknown ?
 14. Maiden name Unknown 9
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Herman
 (b) Address 1131 Kansas St., East St. Louis, Ill.

17. (a) Burial (b) Date thereof January 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director F. J. Sparks
 (b) Address Cape Girardeau, Missouri

19. (a) 1-25-47 (b) Mrs. John Bondurant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67
 (c) City or town Charleston
(If outside city or town limits, write "RURAL") 1
 (d) Street No. 408 S. Elm St. 2
(If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
 year 1947 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from 5-16-1946 to 12-10-1946
 that I last saw him alive on 12-10-1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease 8 mos
 Duration

Due to Chronic Nephritis 10 mos

Other conditions -----
(Include pregnancy within 3 months of death)

Major findings: Of operations 73/13
 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 W. A. Fergal (M. D. -----)
 Address 204 S. Locust St. Charleston, Mo. signed 1-24-47

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RECEIVED

District Health Office No. 2,

District File Number 147-154

Date Filed 1-30-47

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 Frank Spink.....

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, fact should be so stated above.