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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 25 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13821**  
Registrar's No. **81**

Registration District No. **157** Primary Registration District No. **3028**

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

**1. PLACE OF DEATH:**  
(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McCune-Brooks Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 40 years years, months or days)

**3. (a) PRINT FULL NAME** EDD MURRAY  
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ella Murray 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased April 19 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 11 14 hr. min.

9. Birthplace Dade County Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation retired merchant

11. Industry or business -----

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

16. (a) Informant Floyd Murray  
(b) Address 121 N. Garrison, Carthage, Mo

17. (a) burial (b) Date thereof Apr 6, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Park Cemetery MAUS.

18. (a) Signature of funeral director Knell Mortuary  
(b) Address Carthage, Missouri

19. (a) 4-5-47 (b) L. B. Clinton MD  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jasper 49  
(c) City or town Carthage 13  
(If outside city or town limits, write "RURAL")  
(d) Street No. 803 E. Highland 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country -----

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 3  
year 1947 hour 8 minute 15 P.M.  
21. I hereby certify that I attended the deceased from March 18 1946 to April 3 1947  
that I last saw him alive on April 3 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic (not rheumatic) interstitial  
Due to -----

Due to -----  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none 922  
Of autopsy none 922

Duration 8 yrs  
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? -----

(Specify type of place) While at work? (c) Means of injury -----

23. Signature George H. Wood (M. D. or other) -----  
Address Carthage Mo Date signed Apr 5 47

47-2-280

AUG 23 1949

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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..... *Frank W. Kuehl Jr*  
Licensed Embalmer No. *4440*  
P. O. Address..... *Carthage*

**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.**