

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26954

Registration District No. 46 Primary Registration District No. 5153 Registrar's No.

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Rural Kington
(c) Name of hospital or institution: County Farm 5
(d) Length of stay: In hospital or institution 42 years
In this community 45 years, months or days

3. (a) PRINT FULL NAME James Murray
3. (b) If veteran name war
3. (c) Social Security No.

4. Sex M Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 4 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 14
If less than one day hr. min.

9. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation County Farm

11. Industry or business

12. Name Moses Murray
13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Burnett
(b) Address Kington, Mo.

17. (a) Burial (b) Date thereof 7-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kidder, Mo.

18. (a) Signature of funeral director Cramer Clark
(b) Address Kington, Missouri

19. (a) Aug 2 1947 (b) Gladys Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Caldwell
(c) City or town Kidder
(d) Street No.
(e) Citizen of foreign country? no
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1947 hour 2 minute 30 a. M.

21. I hereby certify that I attended the deceased from July 18 1947 to July 18 1947
that I last saw him alive on July 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death asphyxia
Due to arteriosclerosis
Heart Disease
Other conditions: bilateral renal failure
Major findings: 950
Of autopsy: H. LIVES

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Frank R. Daley (M. D. or other)
Address Hamilton, Mo. Date signed July 23 1947

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

13
0
0
0

21

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *Cramer Clark*

Licensed Embalmer No. *3257*

P. O. Address. *Kingston, Mo*

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.