

FILED NOV 6 1947

Registration District No. _____

Primary Registration District No. 5067

State File No. _____

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Rural- Central Twsp.
 (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 27 years
 years, months or days)

3. (a) PRINT WILLIAM ALBERT McMURTRY
FULL NAME

3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex M 0 5. Color or race W
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ada L. McPheters McMurtry
 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased June 8 1864
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>4</u>	<u>10</u>	hr. _____ min.

9. Birthplace Judson, Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name David McMurtry

13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Cooper

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada L. McMurtry

(b) Address Lamar, Missouri, R#1

17. (a) Burial (b) Date thereof 10-22-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director Konantz Funeral Home

(b) Address Lamar, Missouri

19. (a) 001 22 1947 (b) Marie Konantz
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. R1 Lamar
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
 year 1947 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to Oct. 11, 1947
 that I last saw him alive on Oct. 18, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death:

Carcinoma of Pancreas

Duration

3 months

Due to _____

Due to _____

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations H&G

Of autopsy _____

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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?
Y

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

23. Signature Jern T. Buehel (M. D. or other) M.D.
 Address Lamar, Mo Date signed 10/21/47

RECEIVED

District Health Officer No. 6,

District File Number 1147-1160

Date Filed NOV 4 1947

NOV 26 1954

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.....

Frank W Denton....., Registered Apprentice No. 7
working under my personal supervision.

Signed Carl F Konantz
Licensed Embalmer No. 2247

P. O. Address Lamar, 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.