

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

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2-43  
7-30  
438697

Registration District No. 74

Primary Registration District No. 4136

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Clinton  
 (b) City or town Plattsburg  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 240 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton  
 (c) City or town Plattsburg  
 (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 Lovetta Murrell  
 3. (b) If veteran, name war X  
 3. (c) Social Security No. X

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month Sept day 3 year 1948 hour 1 minute 10 P. M.  
 21. I hereby certify that I attended the deceased from Aug 21, 1948, to Sept 3, 1948; that I last saw her alive on Sept 2, 1948; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife James T Murrell  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 13 1864  
 (Month) (Day) (Year)

Immediate cause of death Myocarditis  
 Duration 2 hrs  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
84 4 20 hr. min.

Other conditions Fracture neck right  
 (Include pregnancy within months of death) 4 hrs  
 Major findings: remue  
 Of operations none  
 Of autopsy none  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

9. Birthplace Ohio  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Home keeper  
 11. Industry or business \_\_\_\_\_  
 12. Name Amos Harpster  
 13. Birthplace Ohio  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Susan Hettiger  
 15. Birthplace Ohio  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Mrs Lawrence Donaldson  
 (b) Address Plattsburg MO  
 17. (a) BURIAL (b) Date thereof 9 5 48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hamilton, MO.  
 18. (a) Signature of funeral director D. D. Lyon  
 (b) Address Plattsburg, Mo  
 19. (a) Sept 4-48 (b) Burmer Charlam  
 (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. Bledding M. D. or other \_\_\_\_\_  
 Address Plattsburg Mo Date Sept 3-48

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 25

**DISTRICT HEALTH OFFICE**  
**Centers, Md.**

**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 Danell D. Lejar

Licensed Embalmer No. 3640

P. O. Address Plattsburg Md

**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.**

State File No. Sept  
Registrar's No. 23

Registration District No. 74

Primary Registration District No. 4136

1. PLACE OF DEATH:

(a) County Clinton  
(b) City or town Plattsmouth  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Souetta Murrell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race w  
6. (e) Single, widowed, married, divorced wid

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 13 1908  
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days \_\_\_\_\_ (Less than one day) \_\_\_\_\_ min.

9. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof: \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month \_\_\_\_\_ year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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) Accident

(b) Date of occurrence August 6 - 1948

(c) Where did injury occur? The home, 25

(d) Did injury occur in or about \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
The home Plattsmouth Clinton Mo

While at work? No (Specify type of place) \_\_\_\_\_ (e) Means of injury Fell in room

23. Signature W.P. Spalding (M. D. or other) MD  
Plattsmouth Mo Date Sept 17-48

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SUPPLEMENTARY

S-25781-1948