FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 1 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36233

Primary Registration District No. 5465

Registrar's No. 1017

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Rural NCampbell township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Rt. 5 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community: All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Rural - ~~Springfield~~ 3
(If outside city or town limits, write "RURAL")

(d) Street No.: Springfield Rt. 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Lucy Jane Murray

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: F /

5. Color or race: W

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Andy

6. (c) Age of husband or wife if alive: ? years

7. Birth date of deceased: Feb. (Month) 14 (Day) 1867 (Year)

8. AGE: Years 81 | Months 9 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace: Greene county (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Housewife

FATHER
12. Name: Hazen B. Carter
13. Birthplace: (City, town, or county) Tenn. (State or foreign country) /

MOTHER
14. Maiden name: Elizabeth Banfield
15. Birthplace: Greene county (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. James Cook
(b) Address: Springfield Rt. 5

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn

18. (a) Signature of funeral director: J. W. Klingner & Co.
(b) Address: Springfield

19. (a) 11-22-48 (Date received local registrar) (b) W. T. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION (Sect)

20. DATE OF DEATH: Month: NOVEMBER day: 19 20
year: 1948 hour: 12 minute: 10 A.M.

21. I hereby certify that I attended the deceased from: ABOUT 1942, 19..., to: NOV. 20, 1948; that I last saw her alive on: NOV. 14, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
MYOCARDIAL INFARCTION, ACUTE	FEW MINUTES
Due to: ARTERIOSCLEROTIC HEART DISEASE	SEVERAL YEARS
Due to:	
Other conditions: CEREBRAL THROMBOSIS (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 35
Of autopsy: 1

PHYSICIAN — Underline the cause of 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? (e) Means of injury: 0 ✓

23. Signature: Glenn O. Turner (M. D. ~~or other~~)
Address: Springfield Mo. Date signed: 11/20/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

0

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.