

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18449

State File No. ....

LED JUN 10 1943 24

Registration District No. ....

Primary Registration District No. 3046

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Moniteau Co.  
(b) City or town California, Mo. ~~Walker~~  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
California, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 Yrs  
In this community 25 Yrs (Specify whether years, months or days)

3. (a) PRINT

FULL NAME Mary Tina Murray

3. (b) If veteran,

name war. No

3. (c) Social Security

No. No

4. Sex Female

5. Color or

race White

6. (a) Single, widowed, married,

2 divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

Dec

2

5

1866

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

76

4

27

hr.

min.

9. Birthplace

Moniteau Co

(City, town, or county)

(State or foreign country)

10. Usual occupation

House Wife

11. Industry or business

Harvy J Cross

12. Name

Harvy J Cross

13. Birthplace

(City, town, or county)

Missouri

(State or foreign country)

14. Maiden name

Mary Cross

15. Birthplace

(City, town, or county)

Missouri

(State or foreign country)

16. (a) Informant

Ella J. Harv

(b) Address

California, Mo.

17. (a)

(Burial, cremation, or removal)

Burial

(b) Date thereof

May. 25. 43

(Month) (Day) (Year)

(c) Place: burial or cremation

City Cent

18. (a) Signature of funeral director

Bowlin Funeral Home

(b) Address

California, Mo.

19. (a)

5-25-43

(b)

A. J. Miller

(Date received local registrar)

(Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68  
(c) City or town California, Mo. 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. City (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22  
year 1943 hour 1230 minute A. M.

21. I hereby certify that I attended the deceased from May 22, 1943  
to May 22, 1943  
that I last saw her alive on Feb 13  
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Embolism

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) .....  
(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

(M. D. or other)

Address

Date signed

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

(Licensed Embalmer's Statement on Reverse Side)

BUCK

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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 Earl R. Bomlin

Licensed Embalmer No. 2126

P. O. Address California, 7

**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.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 324

Primary Registration District No. 3046

Registrar's No. 89

1. PLACE OF DEATH:

(a) County monter  
(b) City or town California  
(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)

3. (a) PRINT  
FULL NAME

Mary Lina Murray

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex F

5. Color or  
race W

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

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if  
alive. Year

7. Birth date of deceased. Dec 24 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 4 min.

9. Birthplace monter  
(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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 22  
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from  
that last saw him alive on 1, 19...  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pulmonary  
hemorrhage  
Carcinoma of lung

Due to Carcinoma of lung

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)

(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 H. H. Damon (M. D. or other)

Address California Date signed 1943

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

SUPPLEMENTAL

K.J. O'Brien  
californicus

S-18449