

FILED MAY 24 1943

Registration District No. 21

Primary Registration District No. 5291530

State File No.

Registrar's No. 15

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

1. PLACE OF DEATH
(a) County Cole
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
3/4 mile west on Clinton - R. R. Crossing
(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 Missouri (b) County Cole
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Harvey Murray
3. (b) If veteran, name war _____
3. (c) Social Security No. 702-N-9022

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 1st
year 1943 hour about 7 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bulah 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Sept 21 1909
(Month) (Day) (Year)

Immediate cause of death Killed by a train due to unavoidable accident
Due to _____
Due to _____

8. AGE: Years 33 Months 6 Days 10 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death)
1700-8
23

9. Birthplace Monticau County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Section Worker

11. Industry or business Rail Road

12. Name Harvey Murray

13. Birthplace Cole County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Johnson

15. Birthplace Monticau County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bulah Murray

(b) Address Clinton, Mo.

17. (a) Burial (b) Date thereof 4-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown Mo.

18. (a) Signature of funeral director James Brown
(b) Address 200 Jefferson

19. (a) 4-4-43 (b) J. W. Withers
(Date received local registrar) (Registrar's signature)

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) unavoidable 026
(b) Date of occurrence April 1st 1943
(c) Where did injury occur? Half Mile West of Clinton
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rail Road Crossing (Specify type of place)
While at work? (e) Means of injury Hit by train
23. Signature James S. Whately acting (M. D. or other)
Address 828 E. Mcarty Date signed 4/5/43

MAY 24 1943

JAN 24 1944

JAN 17 1944

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 *[Signature]*

Licensed Embalmer No. *3641*

P. O. Address *[Signature]*

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.