

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38980**

FILED DEC 10 1947
Registration District No. **2**

Primary Registration District No. **5796**

Registrar's No. **49**

1. PLACE OF DEATH:

(a) County **Moniteau Co**

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

(c) Name of hospital or institution **Calif. No Jamestown Star Rt**
(If not in hospital or institution, write street number or location)

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

In this community **Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**

(c) City or town **Rural Walker**
(If outside city or town limits, write "RURAL")

(d) Street No. **California, Mo. Jamestown Star Rt**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Timothy Sullens Murell**

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

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **20**
year **1947** hour **10/45** minute **P** M.

21. I hereby certify that I attended the deceased from **Nov 19**
1947, to **Nov 20**, 19**47**
that I last saw him alive on **Nov 19**, 19**47**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Minnie Murell**

6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Aug 17 1872**
(Month) (Day) (Year)

Immediate cause of death

Chronic myocarditis 2 years

Due to **Generalized arteriosclerosis** 5 years

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	75	3	3	br. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business _____

12. Name **Nathon Murell**

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

14. Maiden name **Joy Thompson**

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

16. (a) Informant **Hollie Scott**

(b) Address **California mo**

17. (a) **Burial** (b) Date thereof **Nov. 22, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Salem Cemt**

18. (a) Signature of funeral director **Bowlin Funeral Home**

(b) Address **California, Mo**

19. (a) **11-21-47** (b) **H.R. Popejoy**
(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? _____
(Specify type of place)

(e) Means of injury _____

23. Signature **Kevin Lathan** (M. D. or other) _____

Address **California, Mo** Date signed **11-20-47**

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

MOTHER FATHER

68
0
0
0

Duration
2 years
5 years
PHYSICIAN
Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-9-47

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 me

..... Registered Apprentice No.
working under my personal supervision.

Signed Earl R. Bowler

Licensed Embalmer No. 2126

P. O. Address Calipatria, Calif.

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.