

Rev. 5-17-39
U.S. GPO

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1942

Registration District No. 118

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3015

2072
State File No. 13
Registrar's No. 10

1. PLACE OF DEATH:

(a) County GOOPEY
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RAVENS WAYS HOSPITAL
(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. (a) PRINT FULL NAME LULA C. MURRELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm Murrell 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased 10 7 - 1880
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Wm S Gearing
13. Birthplace Moniteau Co Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Andrews
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm Murrell
(b) Address Overton Mo

17. (a) Removal (b) Date thereof 1 - 21 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pettigrew Cem

18. (a) Signature of funeral director C. Albert Hornbeck
(b) Address Prarie Home Mo

19. (a) 1-20-1942 (b) Dr. Chas Swep
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1942 hour _____ minute 15 M.
21. I hereby certify that I attended the deceased from Jan 19
1942 to Jan 20 19 42
that I last saw him alive on Jan 20 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Coma
Due to Diabetes

Due to _____
Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations none
Of autopsy none
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 Wm Murrell (M. D. or other)
Address Boonville Mo Date signed Jan 20 1942

FEB 19 1942

HEALTH OFFICER
Health Officer No. 8;
District File Number.....
Date Filed 2-3-42

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 C. Albert Hornbeck
Licensed Embalmer No. 2714
P. O. Address Prarie Home mo.

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, above space should be left blank.