

FILED JAN 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Serial No. 36585A
Date of No.

Registration District No. 290

Primary Registration District No.

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Pulaski Co
(b) City or town Reklund Mo
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pulaski
(c) City or town Reklund
(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.

3. (a) PRINT FULL NAME Henry Clay Murphy

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Cora Murphy 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 11 1872 (Month) (Day) (Year)

8. AGE: Years 86. Months 4. Days 22. If less than one day hr. min.

9. Birthplace Lebanon MO (City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business

12. Name Henry Murphy
13. Birthplace Indiana KY (City, town, or county) (State or foreign country)
14. Maiden name Catherine
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs H.C. Murphy

(b) Address Reklund

17. (a) Burial (b) Date thereof 11/6/38 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director R.B. Super

(b) Address Reklund

19. (a) 1-2-46 (b) Louise B. McClintock (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd year 1938 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h alive on and that death occurred on the date and hour stated above.

Immediate cause of death Stenocardia Duration

Due to Stenocardia of the aorta

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

Signature Mrs. Everett H. Oliver M.D. or other

Address Reklund Mo. Date signed 10/3/38

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

MOTHER, FATHER

JAN 25 1947

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

R. B. Jansen

Licensed Embalmer No.

3198

P. O. Address

Peckland

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.