

16 AUG 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26092
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 471
 (b) Township Pierce Primary Registration District No. 4284
 (c) City Pierce City (d) Street No. 320 Walnut St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

610 Catherine Murphy
 (a) Residence, No. 320 N. Walnut St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Thomas Murphy (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md.

FATHER 13. NAME Richard Jennett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Ann Hunt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs P. J. Frey
Pierce City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Patricks DATE 7/29/39

19. FUNERAL DIRECTOR (ADDRESS) Victor O. Niemeyer
Pierce City Mo.

20. FILED 7/28 1939 E. B. Wright
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/27/39 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 3rd 1939 to July 27 1939
 I last saw her alive on July 26 1939 Death is said to have occurred on the date stated above, at 4:00 A.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Aortic Stenosis unknown
121
 Other contributory causes of importance:
Chronic Glomerular nephritis unknown

Name of operation _____ Date of _____
 What test confirmed diagnosis physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) Charles S. Moore M.D.
 (Address) Pierce City Mo.

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.

RECEIVED

By Officer No. 6,
Dist. No. 839-1703
Date Filed AUG 14 1928

STATEMENT BY LICENSED EMBALMER

I, Victor O. Heininger, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Victor O. Heininger

Licensed Embalmer No. 3522

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.)