DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 15 1940

Registration District No. 609

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44144

Primary Registration District No. 4343

Registrar's No. 148

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SALE-BOWMAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS (Specify whether years, months or days)
In this community 20 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON
(c) City or town NEOSHO, RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEOSHO MO. RFD #2.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME GEORGE WINFIELD MURPHY
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LEOVIEY MURPHY
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased JULY (Month) 21 (Day) 1861 (Year)

8. AGE: Years 78 Months 4 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace UNKNOWN (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
12. Name JEREMIAH MURPHY (FATHER)
13. Birthplace UNKNOWN (City, town, or county) ILLINOIS (State or foreign country)
14. Maiden name ELIZABETH LIVELY (MOTHER)
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant's own signature ROY MURPHY
(b) Address NEOSHO MO. RR#3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-39 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood Cemetery
18. (a) Signature of funeral director Carey Thompson
(b) Address NEOSHO MO.
19. (a) 12-14-39 (Date received local registrar) (b) Omal R. Sale M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 9 year 1939. hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 2, 1939, to December 9, 1939; that I last saw him alive on Dec. 9, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Perforation of stomach	2 da.
Due to: Carcinoma originating in the stomach and envolving	
Due to: the stomach, transverse colon and liver	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: Perforation of lesser curvatu of stomach; carcinoma of lower third of pylorus and duodenum, 12 in. of transverse colon and liver	

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? None (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)
While at work? (e) Means of injury

23. Signature Omal R. Sale (M.D. or other)
Address NEOSHO, MO. Date signed 12/11

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39
Form I X19511

RECEIVED
District Health Officer No. 6,
District File Number 1040-220
Date Filed JAN 12 1940

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 Gail K. Gay, Registered Apprentice No. 189, working under my personal supervision.

Signed Carley T. Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.