

FILED MAR 23 1940

Registration District No. 398Primary Registration District No. 5554Registrar's No. 82

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Rural "Blue Township"
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at home 1712 Appleton Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether _____)
 In this community all his life 36 years
 years, months or days

3. (a) PRINT FULL NAME Arthur L. Murphy Jr. 6103. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of ~~husband or~~ wife Dorothy 6. (c) Age of ~~husband or~~ wife if
 alive 35 years
 7. Birth date of deceased Nov. 9 1903
 (Month) (Day) (Year)

8. AGE: Years 36 Months 4 Days 1 If less than one day
hr. _____ min.9. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Dentist11. Industry or business Dentistry

MOTHER FATHER
 { 12. Name Arthur L. Murphy
 { 18. Birthplace Millerstown Penn.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Cora Bean
 { 15. Birthplace Ft. Dodge Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. A. L. Murphy Jr.
(b) Address 1712 Appleton Ave. Indep. Mo.17. (a) Burial (b) Date thereof Mar. 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Woodlawn Cemetery18. (a) Signature of funeral director Henry W. Stahl 10(b) Address 815 W. Maple Ave. Indep. Mo.19. (a) March 13, 1940 (b) F. L. Cook
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Rural (Independence)
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1712 Appleton Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1940 hour 10 minute 30 P. M.21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him or her alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Cerebral EdemaAcute Pulmonary EdemaPending further InvestigationOther conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

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 [Signature] (M. D. or other) [Signature]Address [Signature] Date signed _____

8262

MISSOURI DEPARTMENT OF HEALTH

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 *Henry W. Stahl*
Licensed Embalmer No. 3181
P. O. Address 875 W. Myrtle

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 68927
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 398

Primary Registration District No. 5534

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Blue 9. 10
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Died at his home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

3. (a) PRINT FULL NAME

Arthur L. Murphy, Jr

(b) If veteran, name war _____

(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 _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 4 1 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) May 21/40 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

June 6/1940 F. L. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month mar day 10
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death acute cerebral edema
acute pulmonary edema
Pending further investigation

Due to Opium poisoning

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 17 1/2 gms

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) unknown
(b) Date of occurrence unknown
(c) Where did injury occur? unknown (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 Russell W. Kerr (M. D. or other)

Address R.C. m Date signed _____

SUPPLEMENTAL RECORD

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD

S-6892