

Registration District No. 400

Primary Registration District No. 5553B

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Princeton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Jackson County Home for the aged  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 years (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson  
 (c) City or town Little Blue  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0 7th Home  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charles Murphy W.D.

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years

7. Birth date of deceased Apr 18 1862  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 10 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Construction Work

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Eugene Jackson

(b) Address 707 E. Horn

17. (a) Removal (b) Date thereof Mar 15-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winkville, Mo, East

18. (a) Signature of funeral director Keller

(b) Address Mo, MO

19. (a) 3/17/40 (b) David G. Burns  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 9 year 1940 hour 10 minute 25 a.m.

21. I hereby certify that I attended the deceased from Jan 1 1940 to 2-29 1940 that I last saw him alive on 2-29 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. V. Greene (M. D. or other) \_\_\_\_\_

Address Independence, Mo Date signed 3-7-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

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**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.....

*Ward Ward*

Licensed Embalmer No.....

*3991*

P. O. Address.....

*5725 Virginia*

**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.**