

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.

MAY 15 1940

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 37

1. PLACE OF DEATH:
 (a) County BATES
 (b) City or town BUTLER 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 9
 (Specify whether)
 In this community 4 YRS
 years, months or days

8. (a) PRINT FULL NAME OPAL Mc MURPHY
 8. (b) If veteran, name war X
 8. (c) Social Security No. X

4. Sex F
 5. Color or race W
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife WM Mc MURPHY
 6. (c) Age of husband or wife if alive 22 years
 7. Birth date of deceased MAY 22 - 1892
 (Month) (Day) (Year)

8. AGE:
 Years 47 Months 10 Days 12
 If less than one day hr. _____ min. _____

9. Birthplace JOHNSON Co Mo. U
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER
 12. Name GEO HARRIS
 13. Birthplace MO
 (City, town, or county) (State or foreign country)
 14. Maiden name ZELMA
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature WM Mc Murphy
 (b) Address BUTLER MO

17. (a) BURIAL (b) Date thereof APR - 5 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DIX HILL - BUTLER

18. (a) Signature of funeral director BOYD FUNERAL HOME
 (b) Address BUTLER MO

19. (a) April 5 1940 (b) Nina L Colver
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 3
 year 1940 hour 5 minute _____ A.M.

21. I hereby certify that I attended the deceased from June 4 1939 to April 3 1940
 that I last saw her alive on April 3 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Vaginal Hemorrhage Duration _____
Carcinoma cervix
uteri

Due to Carcinoma cervix

Due to uteri

Other conditions (include pregnancy within 3 months of death) HD

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? 53

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Carter W. Kula (M. D. or other) MD
 Address Butler, Mo Date signed 4/15/40

RECEIVED
District Health Officer No. 7,
5-10-845
District File Number 5-13-40

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 John H. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler 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.