

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. 698

Primary Registration District No. 5927

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Platte

(a) County. Platte

(b) City or town. Weston Mo. Rural
(If outside city or town limits, write "RURAL" and name of township.)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. None
In this community. 33 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME. Jane S. Murphy 610

8. (b) If veteran, name war. No

8. (c) Social Security No. None

4. Sex. Female

5. Color or race. White

6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. George W. Murphy

6. (c) Age of husband or wife if alive. No years

7. Birth date of deceased. May 4 1849
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>2</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation. Retired

11. Industry or business. None

12. Name. Robert C. Thomas

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

14. Maiden name. Elizabeth Ewart

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

16. (a) Informant. Mrs Henry Wells

(b) Address. Weston Missouri Rural

17. (a) Burial (b) Date thereof. July 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Dearborn, Mo.

18. (a) Signature of funeral director. William Davis

(b) Address. Dearborn, Missouri

19. (a) 7-18-40 (b) J. H. Brill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Platte

(c) City or town. Weston No. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. North East of Weston
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. July day 18th.
year. 1940 hour 6 minute 40. M.

21. I hereby certify that I attended the deceased from Feb - 28 - 1940
_____ 19____ to July - 16 - 1940
that I last saw h. alive on June - 7 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic myocarditis
and cerebral sclerosis (ARTERIAL)

Due to... Senile changes

Due to... ✓

Other conditions. none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations

Of autopsy. none performed.

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?
628
While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature. Lewis E. Gilbert (M. D. or other) ✓
Address. Weston, Mo. Date signed. July 18 - 40

RECEIVED
District Health Officer No. 11,
District File Number 840-1020
Date Filed AUG 2 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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Reverian Davis

Licensed Embalmer No. 4160

P. O. Address Deaton Mrs.

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.