No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1851

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 81

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether

In this community 7 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan 11

(c) City or town St. Joseph 7 (If outside city or town limits, write "RURAL")

(d) Street No. 711 N. 22nd. 1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME JAMES LEO MURPHY

3. (b) If veteran, name war World War SS. 487-07-8492 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Vivian Murphy 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Nov. 23rd. (Month) 1894 (Day) (Year)

8. AGE: Years 46 Months 1 Days 23. If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Mo. Portland Cement Co.

FATHER
12. Name Benjamin Joseph Murphy
13. Birthplace Tipparary (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Anna McDermant
15. Birthplace Quebeck (City, town, or county) Canada 9 (State or foreign country)

16. (a) Informant B. F. Murphy

(b) Address 102 Wesley Youngstown, Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20th. 41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St. Joseph, Mo.

19. (a) 1/19/41 (Date received local registrar) (b) H J Nesttebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 10" 1941, to Jan 16" 1941, that I last saw him alive on Jan. 16 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia peritonitis, thrombo-phlebitis of both iliac veins.

Due to Ischio-rectal abscess (right).

Due to 123

Other conditions Cellulitis of rt leg. (Include pregnancy within 3 months of death)

Major findings: Of operations Ischio-rectal abscess.

Of autopsy Same as listed above

Duration: 2 days, 2 days, 2 days, 9 days

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? (Specify type of place)

(e) While at work? (e) Means of injury

23. Signature M. H. Talty M.D. (M. D. or other) M.D.

Address Corby Bldg. St. Joseph Mo. Date signed 1/18/41

(Licensed Embalmer's Statement on Reverse Side)

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 Carl W. Haus

Licensed Embalmer No. 3955

P. O. Address St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.