

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution **Missouri Baptist Hosp. 0**
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: **999**

(a) State **Oklahoma** (b) County _____

(c) City or town **Shawnee** **JFK**
(If outside city or town limits, write "RURAL")

(d) Street No. **507 W. Ford St.** **0**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **2** years.

3. (a) PRINT FULL NAME **Edward K. Murphy**

3. (b) If veteran, name war **No**

3. (c) Social Security **156-790-278**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19**
year **1941** hour **4** minute **-** a.m.

4. Sex **Male**

5. Color of hair **White**

6. (a) Single, widowed, divorced, or married **Married**

(b) Name of husband or wife **Low Marie Murphy**

6. (c) Age of husband or wife if alive **29** years

7. Birth date of deceased **August 26, 1909**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Apr 10**, 1941, to **Apr 19**, 1941; that I last saw him alive on **Apr 18**, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years **31** Months **7** Days **23** If less than one day hr. min.

Immediate cause of death **traumatic embolism** **10 min**
Due to Bilateral Stagg horn stones in kidney **Several years**

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

Due to **Bilateral Pyonephrosis** **4 Mos.**
Urteral Strictures **Several years**

10. Usual occupation **Engineer**

11. Industry or business **Magnolia Pipe Line Co.**

Other conditions (Include pregnancy within 3 months of death) **N**

MOTHER FATHER

12. Name **J. R. Murphy**

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

Major findings: Of operations **-** **JFK**

Of autopsy **-** **JFK**

PHYSICIAN **-**
Underline the cause to which death should be charged statistically.

14. Maiden name **Bessie Edna Fowler**

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

16. (a) Informant **Low Marie Murphy**

(b) Address **Shawnee Okla.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) **Removal** (b) Date thereof **4-19-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shawnee Okla. Calas. of Stuart**

(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? _____

18. (a) Signature of funeral director **J. J. Stuart**

(b) Address **1225 Union Blvd.**

While at work? _____ (Specify type of place) _____
(e) Means of injury **0**

19. (a) **APR 19 1941** (b) **J. J. Stuart**
(Date received local registrar) (Registrar's signature)

23. Signature **C. E. Bradford** (M. D. or ~~other~~)
Address **958 arcade Bkly** Date signed **4/19/41**

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

D
0
7
9

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

Bernard A. J. Stuart

Licensed Embalmer No.

3500

P. O. Address

1225 Union Blvd

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, fact should be so stated above.