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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Long

State File No. 18648

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 176

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1023 So.Lamine /
(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:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1023 So.Lamine 4
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles Percival Murphy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Emma Jane Murphy

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Aug. 29-1854 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	8	16	hr. min.

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

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Samuel W.Murphy
13. Birthplace 4 Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachel Wolfe
15. Birthplace / Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Ray H.Murphy
(b) Address Hardy,Ark.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mem.Park

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia,Mo.

19. (a) 5/17/41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1941 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from 4/2, 1941 to 5/15, 1941
that I last saw him alive on May 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 3 days
Chronic Valv. Dis. of Heart — 9
Due to Infection & Pneumonia
Due to
Other conditions (Include pregnancy within 3 months of death) Hypertrophied Prostate & infected Bladder
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? 9 (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Frank B. Long (M. D. or other) M.D.
Address Sedalia Mo. Date signed 5/16/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-11-41

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 L. E. Boulden

Licensed Embalmer No. 3867

P. O. Address Sedalia, Mo.

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

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