

FILED AUG 15 1941

Registration District No. 159

Primary Registration District No. 5224

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Cass Polk-Twp

(b) City or town B R Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
own farm
(If not in hospital or institution, write street number or location) 1

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

In this community about 4 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CASS 019

(c) City or town B R Pleasant Hill
(If outside city or town limits, write "RURAL") 0

(d) Street No. Polk Twp.
(If rural, give location) 0

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

3. (a) PRINT FULL NAME ERNEST L. M^cMURPHY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1941 hour about 7:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex MO

5. Color or race wh

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

6. (b) Name of husband or wife Ernie Cecil McMurphy

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June 13 1897
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Death by Drowning - accidental

8. AGE: Years 44 Months 7 Days 16 If less than one day hr. _____ min. _____

Due to severe Arthritis

Due to _____

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

10. Usual occupation RENT FARMER

Other conditions (Include pregnancy within 3 months of death) 1 1/2

Major findings: Of operations no

Of autopsy no

11. Industry or business FARM

12. Name Ernie McMurphy

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

14. Maiden name Martha Hick

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Ernie McMurphy

(b) Address Pleasant Hill, Mo

17. (a) Removal (b) Date thereof 7-31-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg, Mo

18. (a) Signature of funeral director D. A. Hoffinger

(b) Address Pleasant Hill, Mo

19. (a) 7-31-41 (b) W. Beckman M.D.
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence July 29, 1941 019

(c) Where did injury occur? B R Pleasant Hill, Cass, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work work (a) Means of injury fell in pond

23. Signatory Beekensley (M. D. or other) 17

Address Keokuk, Mo Date signed 7/29/41

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

19
00

(Coroner)

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 *H. J. Geringer*

Licensed Embalmer No. 3958

P. O. Address Pleasant Hill,

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.