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

1. PLACE OF DEATH:

(a) County Johnson

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

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

(d) Length of stay: In hospital or institution 3 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Centerview Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Melvina Mc Murphy

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1942 hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 1941 to Jan 13 1942
that I last saw him alive on Jan 1 1942
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Levi Mc Murphy

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

7. Birth date of deceased: Dec - 8 - 1859
(Month) (Day) (Year)

Immediate cause of death Cancer of face amount about eye

Duration 2 years

8. AGE: Years 82 Months 0 Days 25
If less than one day hr. _____ min. _____

9. Birthplace Hardin Co, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Males Higley

13. Birthplace Hardin Co, Ill
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mexy Mc Murphy

(b) Address Centerview, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5-1942
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hall

18. (a) Signature of funeral director Swegener-Phillips

(b) Address Warrensburg, Mo

19. (a) Jan 6-1942 (Date received local registrar) (b) Leola M Williams (Registrar's signature)

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

Major findings: _____

Of operations _____

Of autopsy none

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature M. D. Patterson (M. D. or other) _____

Address Warrensburg, Mo Date signed 1-5-42

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-11-42

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

Carl Priest

Registered Apprentice No.

working under my personal supervision.

Signed

Carl Priest

Licensed Embalmer No.

3878

P. O. Address

Warensburg, Mo.

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.