

NOV 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Sims 33742

State File No.

Registrar's No. 945

Registration District No.

Primary Registration District No. 2000

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: 976 E. Grand/
(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 Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 849 N. Main
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1942 hour 4 minute 2 M.

21. I hereby certify that I attended the deceased from 8-6-42, 19____, to 10-14-42, 19____;
that I last saw h. alive on 10-10-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Degenerative Heart Disease
Bronchial Pneumonia (unresolved) 2 wks.
Due to Pulmonary Congestion

Duration
1 yr.
2 wks.
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mary Murphy

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Michael J. Murphy 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Oct. (Month) 16 (Day) 1864 (Year)

8. AGE: Years 77 Months 11 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Rolla (City, town, or county) Missouri (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name James Powers

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

14. Maiden name Virgil Condon

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

16. (a) Informant Mrs. C.N. King

(b) Address Springfield, Mo.

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

(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director H.H. Donmeyer

(b) Address Springfield, Mo.

19. (a) 10-16-42 (Date received local registrar) (b) S. W. Handley (Registrar's signature)

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) (c) Means of injury _____

23. Signature [Signature] (M.D. or other) _____
Address Springfield, Mo. Date signed _____

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

Walter E. Hamelton

Licensed Embalmer No.

3808

P. O. Address

Springfield 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.