V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

Registration District No. 137

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3023

State File No. 37186

Registrar's No. 209

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Clinic Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 35 yrs
In this community: 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Henry
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Near Garland Store (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

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0
0

3. (a) PRINT FULL NAME: James Roy Murphy
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of ~~husband or~~ wife: Flora Murphy
6. (c) Age of husband or wife if alive: 40 years
7. Birth date of deceased: Jan (Month) 4 (Day) 1898 (Year)

8. AGE: Years 44 | Months 10 | Days 6 | If less than one day: hr. min.

9. Birthplace: Leeton (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: James C. Murphy
FATHER 13. Birthplace: Penn (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Maude T. Mart
MOTHER 15. Birthplace: Warrensburg (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant: Mrs Flora Murphy
(b) Address: Clinton. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11 13 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Cornelia Cem
18. (a) Signature of funeral director: Fred Wilkinson
(b) Address: Clinton, Mo.
19. (a) Nov. 13, 1942 (Date received by local registrar) (b) Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 10 year: 1942 hour: 3 minute: 35 P. M.
21. I hereby certify that I attended the deceased from 11-4, 1942, to 11-10, 1942; that I last saw him alive on 11-10, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 days
Due to: Diabetes Mellitus (Coma)	3 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): 0	

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? (Specify type of place)
While at work?
(e) Means of injury:

23. Signature: Eugene D. Merrill (M. D. or other) M.D.
Address: Clinton Mo. Date signed: 11-12-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 12-42-1351
Date Filed 12-10-42

DEC 22 1942

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.