

FILED DEC 15 1942
Registration District No. _____

Primary Registration District No. 4450

1. PLACE OF DEATH:

(a) County Pisley
(b) City or town Doniphan mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Williams Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 42 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME CATHERINE BOLEN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 6 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Murphy
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Mc Kibben
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Murphy
(b) Address Flatwoods mo.

17. (a) Burial (b) Date thereof 11-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Bernadette's

18. (a) Signature of funeral director BLACK'S MORTUARY

(b) Address Doniphan

19. (a) 11/20/42 (b) E. P. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pisley 91
(c) City or town Flatwoods mo. 0
(If outside city or town limits, write "RURAL").
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12
year 1942 hour 8 minute _____ A.M.

21. I hereby certify that I attended the deceased from Oct 15 1942 to Nov. 12 1942
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Ca. Liver and Biliary Obstruction
Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature Clifford J. J. J. (M. D. or other) _____
Address Doniphan Date signed 11/20/42

RECEIVED

District Health Officer No. 5,

District File Number 12421669

Date Filed 12-14-42

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.....

Not Embalmed....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.