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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6094

State File No. .....

Registration District No. 70 Primary Registration District No. 4124 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Clark

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

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

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

In this community 18 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark 23 1

(c) City or town Kahoka Mo. 0 (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 0

3. (a) PRINT FULL NAME Ruel C. Murphy

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ina F. Murphy

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May (Month) 5 (Day) 1869 (Year)

8. AGE: Years 73 Months 8 Days 10 If less than one day ..... hr. ..... min.

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

10. Usual occupation Merchant.

11. Industry or business .....

FATHER
12. Name W. P. Murphy
13. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Dora Board
15. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Ina Murphy

(b) Address Kahoka Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka Co.

18. (a) Signature of funeral director Tuttle & Lind

(b) Address Kahoka Mo.

19. (a) 1-20-43 (Date received local registrar) (b) Perry S. Boton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 43 hour 12 ~~minute~~ A M.

21. I hereby certify that I attended the deceased from Jan. 4 1943 to Jan. 10 1943; that I last saw him alive on 1-10-43; and that death occurred on the date and hour stated above.

Immediate cause of death Heart-black

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 95a

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. R. Bridges (M. D. ~~or other~~)

Address Kahoka Mo. Date signed .....

1073

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-43-313
Date Filed FEB 16 1943

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 Otis L. Sutterer

Licensed Embalmer No. 2965

P. O. Address Luray 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.