

S. No. 2
DM-542
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 14 1943
Registration District No. 313

Primary Registration District No. 6059

Registrar's No. 7

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Collins (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 _____ (Specify whether _____)
4 years

In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

(c) City or town Collins (rural)
(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 _____

3. (a) PRINT FULL NAME Frank Emmett Murphy

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 22 day
year 1943 hour 1 minute A M.

4. Sex Male 5. Color or race Wh.

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

6. (b) Name of husband or wife Paul Murphy

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased April 24 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1
1943, to Mar 22, 1943

that I last saw him alive on Mar 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis
(and asthma) Dilation

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>10</u>	<u>28</u>	hr. _____ min.

Due to _____

Due to _____

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

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

Major findings: 93d

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER {

12. Name Robert Murphy

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

14. Maiden name unknown 9

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

16. (a) Informant Paul Murphy

(b) Address Collins Mo.

17. (a) Burial (b) Date thereof 3/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scranton Kansas

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 9

18. (a) Signature of funeral director Osceola Funeral Home

(b) Address Osceola Mo.

19. (a) Apr. 3, 1943 (b) Nely Smith
(Date received local registrar) (Registrar's signature)

23. Signature Dr. E. D. Brown (M. D. or other) Do.

Address Collins Mo. Date signed 3-22-43

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

STOL & AWA

RECEIVED

District Health Officer No. 7,

District File Number 3-43-74

Date Filed 4-10-43

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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.....

Paul Tristone

Licensed Embalmer No. 3990

P. O. Address Orceola, Md

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.