S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 194[illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18179

Registration District No. 160 | Primary Registration District No. 5593 | Registrar's No. 29

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Plattin Township
(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
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 50

(a) State Missouri (b) County Jefferson 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1 DeSoto, Missouri
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Felix Murphy

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

4. Sex Male | 5. Color or race White 0 | 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Ida M. Murphy | 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May (Month) 18 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	10	26	..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name James Murphy
13. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Amanda Thomas
15. Birthplace ..... (City, town, or county) Massachusetts / (State or foreign country)

16. (a) Informant Ida M. Murphy
(b) Address Route #1, DeSoto, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/43 (Month) (Day) (Year)
(c) Place: burial or cremation Festus Methodist Cem.

18. (a) Signature of funeral director Fink Funeral Parlors
(b) Address 220 Main St. Festus, Missouri

19. (a) 4-26-43 (Date received local registrar) (b) H. L. C. Thiele (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 14
year 1943 hour 7 minute 15A M.

21. I hereby certify that I attended the deceased from April 8th, 1943, to April 14, 1943
that I last saw him alive on April 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation of heart — not known

Due to .....

Due to arterial sclerosis — not known

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

Major findings:
Of operations .....
Of autopsy .....

92 P

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 Walter E. Gibson (M. D. ~~or other~~)
Address DeSoto, Mo Date signed 4-17-43

1265

(Licensed Embalmer's Statement on Reverse Side)

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, ~~by my~~ Eleuan Province ~~Registered Apprentice No.~~ ~~working under personal supervision~~

Signed Eleuan Province

Licensed Embalmer No. 3403

P. O. Address Festus, Missouri

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.