No. 2
—5-42
5-17-39
1) X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22656

FILED JUN 17 19[illegible]

Registration District No. [illegible]

Primary Registration District No. 6225

Registrar's No. 83

08

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 2 State Hospital No 3 Nevada,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs 11 mos 4 16 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Mo (b) County Greene

(c) City or town Bois D' Arc
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EVERETT B. MURPHY

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs Bertha Murphy

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

7. Birth date of deceased Aug (Month) 6th (Day) 1880 (Year)

8. AGE: Years 62 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Greene County (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Hill Murphy
13. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)

MOTHER
14. Maiden name Amanda Gooch
15. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)

16. (a) Informant State Hospital Records
(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Ash Grove, Mo

18. (a) Signature of funeral director Marsh Cushing
(b) Address Nevada Mo

19. (a) 5-24-43 (Date received local registrar) (b) Hazel B. Burick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1943 11 hour 15 minute A M.

21. I hereby certify that I attended the deceased from Sept 1st, 1939, to May 21st, 1943 that I last saw him alive on May 21st, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart Dis

Due to 93d

Due to

Other conditions Gen. Arterio Sclerosis
(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature G. S. Waraich (M. D. ~~or other~~)

Address Nevada, Mo Date signed 5/21/43

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-43-567
Date Filed 6-15-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed ~~by me~~, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Mark Eichinger

Licensed Embalmer No. 2658

P. O. Address Nevada, 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.