

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

35517
Do not use this space.

FILED NOV 5 1943

1. PLACE OF DEATH
 (a) County Pike Registration District No. 277
 (b) Township Course Primary Registration District No. 4411 Registered No. 50
 (c) City Bowling Green (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME L. O. P. Josephine Murpoe
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cecil Murpoe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29 1902
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 9 29
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Defense Worker
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green, Mo.
 13. NAME Wm. C. Adams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo.
 15. MAIDEN NAME Mary Elizabeth Adams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury Mo.
 17. INFORMANT (NAME) (ADDRESS) Mrs. Wm. C. Adams
Bowling Green Mo.
 18. BURIAL, CREMATION, OR REPOSYT PLACE Bowling Green DATE Oct 21 1943
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Grace Bankhead
Bowling Green Mo.
 20. FILED Nov 1 1943 Mon. Frank Adon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/28 1943
 22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1943 to Oct 28 1943
 I last saw h. w. alive on Oct 28 1943 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Metastatic carcinoma of lung and liver.
 Date of onset _____
 Other contributory causes of importance: H 72
 Name of operation None Date of _____
 What test confirmed diagnosis? X-ray Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Rogues Barremond, M. D.
 (Address) Bowling Green, Mo.

APR 7 1945

MAR 15 1945

RECEIVED

District Health Officer No 10

District File Number 11-43-17#0

Date Filed NOV 3 1943

NOV 3 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 Grace Bankhead

Licensed Embalmer No. 2704

P. O. Address Bowling Green 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, above space should be left blank.