

FILED JAN 8 1944

Delayed. 5307

Registrar's No. Delayed

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 1 Missouri Army  
(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: 26

(a) State Missouri (b) County Cole

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

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME William Emmett Murphy

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
year 1903 hour 4 minute \_\_\_\_\_ P. M.

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

6. (b) Name of husband or wife Lillie Ann Murphy 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased December 24, 1857  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>5</u>	<u>27</u>	hr. _____ min.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 83a1

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Edward Murphy

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

14. Maiden name Mary Young

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

16. (a) Informant Lillie Ann Duden

(b) Address Centertown, Missouri

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 \_\_\_\_\_

23. Signature James M. Yeans (M. D. or other) Deemed

Address Centertown, Mo. Date signed \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4, 1903  
(Month) (Day) (Year)

(c) Place: burial or cremation Centertown

18. (a) Signature of funeral director W. H. Steffens

(b) Address Missouri, Mo.

19. (a) July 30, 1943 (Date received local registrar) (b) Marie W. Plummer (Registrar's signature)

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

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439

JUN 18 1904

DOCUMENTARY EVIDENCE SUBMITTED ON THE DEATH  
OF WILLIAM E. MURPHY

Notorized statement signed by G. N. Steffens, Mortician No. 2307 of Russellville, Mo., stating the cause of death as given by Dr. Yeuws of Centertown, Mo., was Cerebral Hemorrhage.

Notorized state signed by G. N. Steffens, Undertaker of Russellville, Mo., stating that he was called on the 3rd day of June 1903 to take charge of the dead body of William E. Murphy and that on the 4th day of June 1903 the said body was buried at the Centertown, Mo. Cemetary.

Certified Copy of Administration of Estate of William E. Murphy, deceased as recorded in the Probate Court of Cole County, Missouri. Signed by Mildred V. Hogan, Clerk of the Probate Court of Cole County, Missouri Jefferson City, Cole, Missouri June 15, 1903 and Signed by Green C. Fowler, Judge of Probate.

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.