

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

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
831 Florida Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution _____ (Specify whether
 In this community 45 years years, months or days)

3. (a) PRINT FULL NAME Albert E. Murphy
 3. (b) If veteran, name war unknown 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Emma Murphy 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 14, 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 13 hr. min.

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

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER { 12. Name John Murphy
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Murphy
 (b) Address 831 Florida, Joplin, Mo.

17. (a) burial (b) Date thereof 12/29/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 12-29-43 (b) Gertrude Sudholler
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin (If outside city or town limits, write "RURAL")
 (d) Street No. 831 Florida Avenue (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
 year 1943 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from Dec 25
1943 to Dec 26, 1943
 that I last saw him alive on Dec 26, 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Cobal Pneumonia
 Duration _____
 Due to Flu
 Due to _____
 Other conditions: _____
 (Includes pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

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?

While at work? _____ (Specify type of place)
 23. W.H. Parker (M. D. or other)
 Address Joplin Date signed 12/29/43

43-12-4095-

JUN 16 1948

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 *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

P. O. Address *Joplin 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.