

FILED JAN 10 1944 74

Registration District No. \_\_\_\_\_

Primary Registration District No. 5922

Registrar's No. 385

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:  
LA MONTE CAMP  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Seven Years (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arwilda May Murphy

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Oct II 1915  
(Month) (Day) (Year)

8. AGE: Years 28 Months 2 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Hargrave Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation: Teacher

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: Clinton Albers

13. Birthplace: Hargrave Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name: Laura K. Rogers

15. Birthplace: Lanora Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant: Clinton Albers

(b) Address: La Monte Rout 2

17. (a) Burial (b) Date thereof: 12 - 16 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Warrensburg

18. (a) Signature of funeral director: B. F. Parker

(b) Address: La Monte Mo.

19. (a) 12-16-43 (b) Mrs Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15  
year 1943 hour 2-30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 14-43 to Dec 14 1943

that I last saw her alive on Dec 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Edema Lungs

Due to: influenza

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

Other conditions: 330  
(Include pregnancy within 3 months of death)

Major findings: Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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: W. E. Walker (M. D. or other) M.D.

Address: La Monte Mo Date signed: 12-16-43

Duration  
a few hours  
1 WTK

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-2-44

---

---

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. 1592

P. O. Address. La Monte, 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.