No. 2
-4-13-40
5-17-39
RI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2894

FILED FEB 10 1944

Registration District No. 128

Primary Registration District No. 200D

Registrar's No. 72

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hospital (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:

(a) State MISSOURI (b) County Greene

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

(d) Street No. 826 Lincoln (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

39 2 6

3. (a) PRINT FULL NAME Adelaide Murphy

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Albert Anthony Murphy

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May (Month) 1 (Day) 1871 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	72	8	17	..... hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business at Home

FATHER
12. Name Jacob Fry
13. Birthplace LORAINE (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Caroline Seward
15. Birthplace LORAINE (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Blanche Seal

(b) Address St. Joseph, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-44 (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director J. W. Kingner & Co.

(b) Address Springfield Mo.

19. (a) 1-20-44 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 18th year 1944 hour 2 minute 35 p. M.

21. I hereby certify that I attended the deceased from Jan 6, 1944, to Jan 15, 1944 that I last saw her alive on 1-15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Chronic myocarditis

Due to Chronic Brucellosis

Other conditions Hypostatic pneumonia Bronchial (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93d

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 E. B. Hanan (M. D. or other)

Address Springfield, Mo. Date signed 1-19-44

98K

(Licensed Embalmer's Statement on Reverse Side)

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. 4021

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.