

S. No. 2
M-5
v. 5-1
X32873

FILED AUG 22 1944

Registration District No. 128

Primary Registration District No. 2100

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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:
441 1/2 COMMERCIAL ST.
(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 MO. (b) County Greene
(c) City or town Springfield
(d) Street No. 441 1/2 E. Commercial
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME GEORGE DANIEL MURPHY
3. (b) If veteran, name war NONE
3. (c) Social Security No. Unk.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 3rd
year 1944 hour 11 minute 30 P.M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GLADYS MURPHY
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased AUG 29 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1 1944 to Aug 3 1944
that I last saw live on Aug 3 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 11 Days 4
If less than one day
hr. min.

Immediate cause of death
Carcinoma of stomach
Due to.....
Due to.....

9. Birthplace GREENE CO. MO.
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 5 months of death)

10. Usual occupation LABORER

11. Industry or business GENERAL LABOR
12. Name ANDY MURPHY
13. Birthplace Unk. UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name Unk. UNKNOWN
15. Birthplace Unk. UNKNOWN
(City, town, or county) (State or foreign country)

Major findings:
Of operations none
Of autopsy no
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. L. Murphy
58 N. Summit, Springfield, Mo
(b) Address
17. (a) Unk. (b) Date thereof AUG 6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Bassville
18. (a) Signature of funeral director W. Kingner
(b) Address Springfield, Mo.
19. (a) 8-1-44 (b) W. M. Handley
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury
23. Signature W. F. Freeman (M. D. or other)
Address Springfield, Mo Date signed 8-4-44

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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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *Ray Rhodes*

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.

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