

S. No. 2
M-8-43
5-17-39
#1 X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20237

Registration District No. 112 93 1945

Primary Registration District No. 4170

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Union Star Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community All of Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb. 32

(c) City or town Union Star Mo
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No. 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Elza Murphy.

3. (b) If veteran, name war No

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June. day 9
year 1945 hour 9 minute 30 A. M.

4. Sex Female! 5. Color or race Cau.

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

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

7. Birth date of deceased May. 14. 1864.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1945, to June 9 1945
that I last saw Jan alive on June 5 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

81	0	25.	hr. min.
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Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to Old age

9. Birthplace DeKalb Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired houseworker.

Other conditions Yes
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name H.C. Elliott.

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

14. Maiden name Unknown.

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Clark King.

(b) Address Union Star Mo.

17. (a) Burial. (b) Date thereof 6.11.1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star Mo.

18. (a) Signature of funeral director R.Y. Taggart
King City Mo

(b) Address John Clarke
(Date received local registrar) (Registrar's signature)

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.M. Reynolds (M. D. or other) _____
Address Union Star Mo Date signed 6-10-45

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

RECEIVED

District Health Officer No. 11,

Signed

R. G. Taggart

District File Number.....

Licensed Embalmer No. 2563.

Date Filed.....

P. O. Address King City 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.