No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

20934

State File No.

Registration District No. 245 Primary Registration District No. 5837 Registrar's No. 73

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

**1. PLACE OF DEATH:**

(a) County Newton

(b) City or town South of Joplin, Mo. W. Boston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ASF Regional Station Hosp, Cp Crowder, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 10 days
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 26

(a) State Missouri (b) County 0

(c) City or town Jefferson City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1009 Madison
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Herbert L. Murphy

3. (b) If veteran, name war W. W II

3. (c) Social Security No. 490-09-8169

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Helen Murphy

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased July (Month) 1 (Day) 1918 (Year)

8. AGE: Years 26 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Russellville, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army

12. Name Roy Murphy 0

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

14. Maiden name Della Bolin

15. Birthplace California (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Soldier's Service Record

(b) Address Camp Crowder, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 25, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) June 28 1945 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MOTHER FATHER

Carley Thompson 7-23-45 Hale

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 25 year 1945 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dead on arrival at hospital, 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation and superficial burns, probably chemical, involving upper extremities.

Due to Marked cyanosis of skin, face, neck; vein engorgement. Right upper extremity complete involved in superficial burns, chemical in nature,

Due to from shoulder to wrist.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170c 8

Of autopsy 28

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 122

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 25, 1945

(c) Where did injury occur? Joplin (City or town) Newton (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place - Highway 71
(Specify type of place)

While at work? No (e) Means of injury Bus wreck

23. Signature Donald W. Fryhaw Major MC (M.D. or other)

Address A.S.F. Regional Sta. Hosp Date signed 25 June 1945

1110

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 1951

JUL 18 1945

## 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 JUL 3 1945

District Health Officer No. .....

District File Number 645-111

Date Filed JUL 3 1945

Signed Emm L Knee

Licensed Embalmer No. 391

P. O. Address Carthage

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

No. 2B
—3-45
1 X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 245 Primary Registration District No. 5837 Registrar's No. 73

SUPPLEMENTARY

**1. PLACE OF DEATH:**

(a) County Newton

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

(c) Name of hospital or institution:
(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 (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Herbert L. Murphy

3. (b) If veteran, name war

3. (c) Social Security No. 8

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

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

8. AGE: Years 26 Months 11 Days 24 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 25
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy None

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)~~ Bus Accident, non-collision

(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 Donald W. Fingham Major Me (M. D. or other)

Address ASF Regional Sta Hosp Date signed 16 July

20934

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Cole

State File No. 20934

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. 73 ?

On this 19 day of July, 1945, before me appears Mrs. Helen Murphy, who, upon her oath, states that the original record of ~~birth~~ death for Herbert L. Murphy who died June 25, 1945, in the State of Missouri, and which was filed at Jefferson City, ~~Mo.~~ Mo. on July 9, 1945, should be corrected as follows:

Item No. 3 (b) should read World War II

Instead of 490 09 8169

Item No. 3 (c) should read

Instead of

Item No. 6 (c) should read 23

Instead of

Item No. 14 should read Della Bolin

Instead of

Item No. 15 should read California, Missouri

Instead of

Item No. 13 should read Russellville, Missouri

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Helen Murphy Widow
Relationship.

1009 Madison St., Jefferson City, Mo.
Present Address.

Subscribed and sworn to before me this 19 day of July, 1945.

My Commission expires Commission Expires August 19, 1948 Lillian B. McDaniel Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M-5-43
1 X36929