

# FILED NOV 1 1945 STANDARD CERTIFICATE OF DEATH

State File No. 34014Registrar's No. 50Registration District No. 163Primary Registration District No. 5596

## 1. PLACE OF DEATH:

(a) County Jefferson  
 (b) City or town Rural Jalle  
 (c) Name of hospital or institution: Route 2 - Hillsboro  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
 In this community 2 Years

8. (a) PRINT FULL NAME TILLIE B. MURPHY

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife George Murphy 6. (c) Age of husband or wife if alive deceased  
 7. Birth date of deceased Jan. 20, 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>8</u>	<u>25</u>	hr. min.

9. Birthplace Glasgow No. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER  
 { 12. Name John S. Bellow  
 { 13. Birthplace Glasgow No. 0  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Not Known  
 { 15. Birthplace " " " "  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hattie B. Hughes(b) Address Hillsboro mo R2

17. (a) Burial (b) Date thereof Oct. 17 - 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow Mo.18. (a) Signature of funeral director Lee Mothershead(b) Address DeSoto, Mo.

19. (a) 10-20-45 (b) Hernandez  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route 2 - Hillsboro  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. No years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15  
 year 1945 hour 3 minute 40 P.

21. I hereby certify that I attended the deceased from Oct 1, 1945 to Oct 14, 1945  
 that I last saw her alive on Oct 14, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma colon unknown  
 Due to metastasis, gastric

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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? DeSoto, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) Means of injury 2

23. Signature J. P. Ingels (M. D. or other) DO.Address DeSoto, Mo. Date signed 10/15/45

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 10-31-45

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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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *J. H. Mothershead*  
Licensed Embalmer No. 3531  
P. O. Address *Detroit, Mich.*

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, above space should be left blank.