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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# FILED APR 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. **9154**

Registration District No. **132**

Primary Registration District No. **5496**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH**

(a) County **Grady**

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

(c) Name of hospital or institution: **R-7-D #1 Denton**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community **68 years** years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Grady** **4'**

(c) City or town **2 Rural - Linn**  
(If outside city or town limits, write "RURAL")

(d) Street No. **R-7-D** **2**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Henry O. Murphy**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **none**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **March** day **9** year **1946** hour **5:00** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Jan 1** 19**46** to **March 9** 19**46**

that I last saw him alive on **March 8** 19**46** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color of race **white**

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

6. (b) Name of husband or wife **Ruth Murphy**

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

7. Birth date of deceased: **April 24 1877**  
(Month) (Day) (Year)

Immediate cause of death **Chronic myocarditis** **1 yr.**

Due to **Arteriosclerosis** **1 yr.**

Due to \_\_\_\_\_

8. AGE: Years **68** Months **10** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Grady County Missouri**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **939**

10. Usual occupation **Farmer**

11. Industry or business **Farm**

12. Name **David Murphy**

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

14. Maiden name **Baselore**

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

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Kenny Murphy**

(b) Address **Denton Mo**

17. (a) **burial** (b) Date thereof **May 12 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Grove Denton Mo**

18. (a) Signature of funeral director **J. A. Deam**

(b) Address **Denton Mo**

19. (a) **9-12-46** (b) **J. A. Deam**  
(Date received local register) (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature **E. A. Duffly** (M. D. \_\_\_\_\_)

Address **Denton Mo** Date signed **March 11 46**

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

8081

115

(Licensed Embalmer's Statement on Reverse Side)

APR 10 1946

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 *Raymond A. Deamin*  
..... Licensed Embalmer No. *3424*  
..... P. O. Address *Trenton 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.