

**FILED** MAY 16 1946

Registration District No. **132**

Primary Registration District No. **3021**

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

1. PLACE OF DEATH:

(a) County **Grundy**  
(b) City or town **TRENTON**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1813 Lulu St 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **75 years** (Specify whether years, months or days)  
In this community **75 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Grundy Co**  
(c) City or town **TRENTON**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1813 LULU ST** (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William F. Murphy**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **TESSIE** 6. (c) Age of husband or wife if alive **4** years

7. Birth date of deceased **Oct 4, 1865**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **6** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Mansfield Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired News Home Freeman**

11. Industry or business **Railroad**

MOTHER FATHER

12. Name **WILLIAM MURPHY**

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

14. Maiden name **Elsie Chinn**

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

16. (a) Informant **Paul A. Murphy**  
(b) Address **Trenton Mo**

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

(c) Place: burial or cremation **Prepared, Missouri**

18. (a) Signature of funeral director **Royce A. Lewis**  
(b) Address **Trenton Mo**

19. (a) **4-12-46** (b) **Irene Jaw**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **10TH** year **1946** hour **4:40** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 1st 1946** to **April 10th 1946**  
that I last saw him alive on **April 10th 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Hypertension 6 months**

Due to **Robert Knave**

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

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

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

Of autopsy **93d**

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? \_\_\_\_\_ (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) (Specify means of injury)

23. Signature **William F. Murphy** (M. D. or other) **M.D.**  
Address **Trenton Mo** Day signed **April 12 1946**

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

100-1

NOV 17 1952

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.....

.....  
working under my personal supervision.

*Myself* Registered Apprentice No. ....

Signed *Ralph A. Lewis* .....

Licensed Embalmer No. *3424* .....

P. O. Address *Drenton 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.