DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21095

Registration District No. 274 Primary Registration District No. 5927 Registrar's No. 180

1. PLACE OF DEATH
(a) County Pettis
(b) City or town Rural Green Ridge
(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 years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Green Ridge
(If outside city or town limits, write "RURAL")
(d) Street No. Part Time Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME David Henry Murphy
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male d
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Clara Bell Murphy
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Sept 19 1852 (Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation R.R. - B&B Dept Mo Pac RR
11. Industry or business

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

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

16. (a) Informant's own signature G. I. Murphy
(b) Address Green Ridge Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 8 46 (Month) (Day) (Year)
(c) Place: burial or cremation Green Ridge Mo
18. (a) Signature of funeral director L. L. Rogers
(b) Address Green Ridge Mo
19. (a) 6-10-46 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6 year 46 hour 4 pm minute ____ M.
21. I hereby certify that I attended the deceased from 1945, 19 to 6/6, 19 46 that I last saw him alive on 5/2, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death Senility — Duration 5 yrs
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____ Of autopsy ____

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? (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature D. P. Dyer (M. D. or other) M.D.
Address Sedalia Mo Date signed 6/7/46

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 6-19-46

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 L. L. Ream

Licensed Embalmer No. 1881

P. O. Address Green Ridge Pa

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.