S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

29544

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1946

State File No. 30712

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. Yates Hotel, 4th & Pearl 5
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John H. Murphy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race W

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 17 (Day) 1871 (Year)

8. AGE: Years 75 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired Lumber Dealer

11. Industry or business

FATHER
12. Name John H. Murphy
13. Birthplace dont know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name dont know
15. Birthplace dont know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Arthur H. Werner
(b) Address Wilmette, Illinois.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri.

19. (a) 10-5-46 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th year 1946 hour 4 minute 20 a M.

21. I hereby certify that I attended the deceased from Dec 20, 1945 to Oct 5, 1946 that I last saw him alive on Oct 4, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr myocarditis	2-3 yrs.
Due to	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J A Chenoweth (M. D. or other)

Address Joplin Mo Date signed 10/5/46

158 (Licensed Embalmer's Statement on Reverse Side)

OCT 11 1946

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.....David Dillon.....

Licensed Embalmer No.....3898.....

P. O. Address.....Joplin, 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.