

No. 2  
-2-43  
5-12-39  
X35697

**FILED JAN 28 1947**  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4-2-7 6011

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Lancey Co.  
 (b) City or town 5 miles from Branson  
 (c) Name of hospital or institution: none  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
 In this community fairly through  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jasper 39  
 (c) City or town Springfield 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 536 West Central 6  
 (If rural, give location)  
 (e) Citizen of foreign country? USA (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ray ISAAC MURPHY  
 (b) If veteran, name war no  
 (c) Social Security No. 491-03-3813

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
 year 1946 hour 6 minute 15 P.M.  
 21. I hereby certify that I attended the deceased from at death only  
 that I last saw him alive and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W.  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Lena Murphy  
 6. (c) Age of husband or wife if alive 25 years  
 7. Birth date of deceased Nov 13 1905  
 (Month) (Day) (Year)

Immediate cause of death Skull fracture crushed chest and shoulder  
 Duration \_\_\_\_\_

8. AGE: Years 41 Months 1 Days 8  
 If less than one day hr. min.

Due to Turned truck over and hit a tree  
 Due to expanding over 5 cubes

9. Birthplace Beth Co Ark  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Tire Repairman

Other conditions none  
 (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name John R. Murphy  
 13. Birthplace Boon Co Ark  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Pexadama Major  
 15. Birthplace Boon Co Ark  
 (City, town, or county) (State or foreign country)

Major findings: 100%  
 Of operations \_\_\_\_\_  
 Of autopsy no  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Lena Murphy  
 (b) Address Springfield MO  
 17. (a) Burial (b) Date thereof Dec 24 -46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Harmon Ark  
 18. (a) Signature of funeral director R.O. Wheelchet  
 (b) Address Branson Mo  
 19. (a) 12-22-46 (b) Lucretia  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) accident 1/6  
 (b) Date of occurrence Dec 21 -46  
 (c) Where did injury occur? Branson Jasper MO  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on Highway 65 N. Branson  
 While at work? yes (Specify type of place) (e) Skull and Chest  
 23. Signature Garry Frouth (M.D. or other)  
 Address Branson MO Date signed 12-22-46

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

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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 352

Primary Registration District No. 4517

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

1. PLACE OF DEATH:

(a) County Branson 5 mi. from Meramec

(b) City or town Branson 5 1/2 mi. N. Hwy 63

(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 \_\_\_\_\_)

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)

years, months or days

3. (a) PRINT FULL NAME Ray Isaac Murphy

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

3. (c) Social Security No. 491-03-3813

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Lena Murphy

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Nov. 13 1905

(Month) (Day) (Year)

8. AGE: Years 41 Months 1 Days 8

(Unless than one day hr. min.)

9. Birthplace Boon Co. Ark.

(City, town or county) (State or foreign country)

10. Usual occupation Line Repairman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John R. Murphy

{ 13. Birthplace Boon Co. Ark.

{ 14. Maiden name Texasana Major

{ 15. Birthplace Boon Co. Ark.

(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Lena Murphy

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Dec. 24, 1946

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrison, Ark.

18. (a) Signature of funeral director R. O. Whelchet

(b) Address Branson Mo.

19. (a) 12/22/46 (b) SE Cogwell

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield

(If outside city or town limits, write "RURAL")

(d) Street No. 536 West Central

(If rural, give location)

(e) Citizen of foreign country? U.S.A. (Yes or No)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 21

year 1946 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from at death

only to \_\_\_\_\_ 19 \_\_\_\_\_

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture

crushed chest and shoulders

Due to Turned truck over and hit a tree speeding on an S curve

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

Other conditions none

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy none

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) accident

(b) Date of occurrence Dec. 21, 1946

(c) Where did injury occur? Branson, Taney, Mo.

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway 65 N. Branson

While at work? Yes (Specify type of place)

(e) Means of injury Head & Chest

23. Signature Harry Forseyth (M. D. or other) Coroner

Branson, Mo. Date signed 12/21/46

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

SUPPLEMENTARY

5-43279