S. No. 2
OM—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43339

Registration District No. 373 Primary Registration District No. 6265 Registrar's No. 70

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Northview Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Northview Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Northview
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Sherman Thomas Murphy
3. (b) If veteran, name war X
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nancy Murphy
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased March (Month) - 16 (Day) - 1863 (Year)

8. AGE: Years 83 | Months 8 | Days 8 | If less than one day X hr. X min.

9. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Logan Murphy
13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marm Bumgarner
15. Birthplace Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Clifford Willis
(b) Address Northview, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Welch
18. (a) Signature of funeral director Lex Lamey
(b) Address Marshfield Mo
19. (a) 12/2/46 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24 year 1946 hour 10 minute AM.
21. I hereby certify that I attended the deceased from 11/14, 1946, to 11/24, 1946, that I last saw him alive on 11/24, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis	

Major findings:
Of operations 1315
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 R. H. Focht (M. D. or other) M.D.
Address Stoufford Mo Date signed 12/2/46

344 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1246-1256
Date Filed DEC 26 1946

DEC 3 1947

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: Lex Lauer

Licensed Embalmer No. 3312

P. O. Address Marshfield 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.