

FILED FEB 17 1947 28

Registration District No. _____

Primary Registration District No. 5466

Registrar's No. 80C

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ogden Osterzath Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days Specify whether
In this community 59 Years
years, months or days)

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. 976 E. Grand
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Charles E. Murphy
MURPHY, CHARLES E.

20. DATE OF DEATH: Month Jan day 24
year 1947 hour 3 minute — M.

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

21. I hereby certify that I attended the deceased from 1-21-47
to 1-24-47 19____; that I last saw him alive on 1-24-47 19____
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Single
7. Birth date of deceased: AUG 20 1887
(Month) (Day) (Year)

Immediate cause of death: COMPRESSION ON SPINAL CORD 6th CERVICAL
Due to FRACTURE OF 6th CERVICAL VERTEBRAE

8. AGE: Years 59 Months 5 Days 5 If less than one day _____ hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Machinist

11. Name of father Mike Murphy

12. Name of mother Mary N. Powers

13. Name of informant Mrs. C.N. King

14. Address Springfield, Mo.

15. (a) Burial (b) Date thereof 1/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary H.H. Lohmeyer

16. (a) Signature of funeral director Springfield, Mo.
(b) Address

17. (a) 1/24/47 (b) M. Handley MD
(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 133

(b) Date of occurrence 1-23-46

(c) Where did injury occur? SPRINGFIELD GREENE MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
HOME (Specify type of place)

While at work? _____ (e) Means of injury FALLING

23. Signature R.G. Michael MD (M. D. or other) 80.
Address Springfield, Mo. Date signed 1/24/47

111

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

MOTHER FATHER
concord
258104
33

APR 10 1947

FEB 20 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..... *Ray H. Mercer, Jr.*.....

Licensed Embalmer No. *4432*.....

P. O. Address *Springfield, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
County of Greene } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 80 C.

On this 26 day of March, 1947, before me appears: Mrs. C.N. King, who, upon her oath, states that the original record of ~~birth~~ death for Mr. Charles E. Murphy, died January 24, 1947, in the State of Missouri, and which was filed at Springfield, Mo. on Jan. 24, 1947, should be corrected as follows:

Item No. 3 should read Mr. Charles E. Murphy

Instead of Mr. Charles E. Murphey

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. C.N. King Relationship Sister

976 S. Grand Present Address.

Subscribed and sworn to before me this 26 day of March, 1947

My Commission expires 11-27-1949 Paul E. Robinson Notary Public.

54596