

FILED APR 1 1947

State File No. _____

Registration District No. 33

Primary Registration District No. 5-116

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural, Bourbon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: B
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Smithville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BELLE N. MURPHY

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife E. C. Murphy 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Sept. 3-1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Chestnut Co. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John D. Nicholson
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Winnie Hunter
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant E. C. Murphy
(b) Address Sturgis Mo.

17. (a) Burial (b) Date thereof Mar 24-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Cem.

18. (a) Signature of funeral director Barnes & Borthe

(b) Address Sturgis Mo.

19. (a) March 24 (b) Thelma Esteppe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1947 hour 8 minute 15 AM

21. I hereby certify that I attended the deceased from Feb 10
1947 to March 28 1947.

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to believed to be heart disease in some form

Due to _____

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

Major findings: Of operations 95C

Of autopsy _____

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? _____

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

23. Signature [Signature] Address Sturgis Mo Date signed 3/24/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 26 1947

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-31-47

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..... *A. E. Boothe*

Licensed Embalmer No. *4087*

P. O. Address *Sturgeon - 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.