

S. No. 2
DM-2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16725

State File No. _____
Registrar's No. 181

Registration District No. 47

Primary Registration District No. 2008

1. PLACE OF DEATH
(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S.W. 7th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY / 4
(c) City or town FULTON /
(If outside city or town limits, write "RURAL")
(d) Street No. S W. 7th St. / 2
(If rural, give location)
(e) Citizen of foreign country? NO. /
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RICHARD MONROE MURPHY
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 10
year 1947 hour about 6 minute P.M.
21. I hereby certify that I attended the deceased from Mar. 27
1947 to May 10 1947
that I last saw him alive on May 10 1947
and that death occurred on the date and hour stated above.
Immediate cause of death: Myocardial infarction
Duration _____

4. Sex MALE 0 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife DK.
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased OCT. 29 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 12
If less than one day hr. min.

Due to Arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 82A
Of autopsy _____

9. Birthplace CALLAWAY CO. MO
(City, town, or county) (State or foreign country)
10. Usual occupation LABORER

11. Industry or business _____
12. Name JONATHAN MURPHY
13. Birthplace DK.
(City, town, or county) (State or foreign country)
14. Maiden name J. S. SAN MURPHY
15. Birthplace DK.
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant MRS MAGRAET FENELEY
(b) Address FULTON, MO
17. (a) BURIAL (b) Date thereof MAY 13, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation EBENEZER

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 _____

18. (a) Signature of funeral director Glen G. Mangin
(b) Address 712 Cent Fulton, Mo.
19. (a) May 12, 1947 (b) Jessie M. Moushey
(Date received local registrar) (Registrar's signature)

Signature: J. News Date signed 5-13-47
Address: Fulton Mo (M. D. or other)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5-19-47

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 Glen Y. Maupin
Licensed Embalmer No. 2225
P. O. Address. Fulton, 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.