

**1. PLACE OF DEATH:**

(a) County **GREENS**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Springfield Baptist Hospital** U  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 days** (Specify whether years, months or days)  
In this community **10 days**

**3. (a) PRINT FULL NAME**

**Sidney Thomas Murphy**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Nora Atkisson Murphy**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **January 21 1883**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **3** Days **16** If less than one day hr. min.

9. Birthplace **Benton County Arkansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **General Merchandise Store**

12. Name **J. L. Murphy**

13. Birthplace **Winkler, Benson**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy K. Taylor**

15. Birthplace **Arkansas Ark**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nora Murphy**

(b) Address **Walnut Grove Mo P-2**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 9 1947**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Greenleaf Cemetery**

18. (a) Signature of funeral director **W. A. Lynn**

(b) Address **Walnut Grove Mo**

19. (a) **5-9-1947** (Date received registrar) (b) **W. S. Handley, M.D.** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Greene** 39  
(c) City or town **Walnut Grove Mo P-2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural Walnut Grove Township** 0  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **7**  
year **1947** hour **12** minute **15** P.M.

21. I hereby certify that I attended the deceased from **April 26**, 1947, to **7 May**, 1947, that I last saw him alive on **7 May**, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Cardiovascular Disease & Cardiac failure**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **None**  
Of autopsy **None**

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)  
(b) Means of injury \_\_\_\_\_

23. Signature **Stanley J. Peterson** (M. D. or other) **MD**  
Address **Springfield, Mo** Date signed **7 May 47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAY 27 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.....

*Rex Miller*

Registered Apprentice No. *459*

working under my personal supervision.

Signed.....

*Gene A. Brown*

Licensed Embalmer No. *2664*

P. O. Address. *Walnut Grove 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.