

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 148

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town OLINTON, MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: WETZEL HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 DAYS  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HICKORY 43  
(c) City or town WHEATLAND  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

William Paul Murphy

(b) If veteran, name war NA

(c) Social Security No. NO

4. Sex M

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS W. P. MURPHY

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased MAY (Month)

1 (Day) 1875 (Year)

8. AGE:

Years 72 Months 2 Days 0  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Wheatland  
(City, town, or county)

MO  
(State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name John Murphy  
13. Birthplace Waltham (City, town, or county) 9  
14. Maiden name Sarah Ann Bitchey  
15. Birthplace Hermitage (City, town, or county) MO (State or foreign country)

16. (a) Informant Mrs W. P. Murphy

(b) Address Wheatland, MO

17. (a) Burial (b) Date thereof 7-3-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crestlodge Cemetery

18. (a) Signature of funeral director Robert S. Thompson

(b) Address Wheatland, MO

19. (a) 7-1-47 (b) R. K. Kessner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1947 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from JUNE 24, 1947, to July 1, 1947.  
that I last saw him alive on July 1, 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage - Second attack  
Duration \_\_\_\_\_

Due to arterial sclerosis

Due to Senility

Other conditions Repair of Hernia  
(Include pregnancy within 3 months of death)  
6 day pneumonia

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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) (c) Means of injury 2

23. Signature W. P. Murphy (Date or other) \_\_\_\_\_  
Address Clinton, MO Date signed 7-1-47

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

42  
1  
12

RECEIVED  
District Health Officer No. 7,  
District File Number 6-47-803  
Date Filed 2-7-47

---

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 William C. Mendenhall  
Licensed Embalmer No. 4449  
P. O. Address Wheatland, 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:**