

No. 2
-1/47
5-17-39

National Office of Vital Statistics

FILED JUL 10 1947

Registration District No. **35e**

Primary Registration District No. **2001**

Registrar's No. _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
MOTHER FATHER
Forwarded on 1/14/47

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Johns Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 weeks**
(Specify whether _____)

In this community **27 years**
years, months or days)

3. (a) PRINT FULL NAME **Gora Stevens 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 **widowed**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **March 29 1879**
(Month) (Day) (Year)

8. AGE: Years **68** Months **1** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **housewife**

12. Name **Samuel A. Stevens**

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

14. Maiden name **Ellen Fontaine**

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

16. (a) Informant **Kenneth R. Stevens**

(b) Address **Galena, Kansas**

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

(c) Place: burial or cremation **Washington, Mo.**

18. (a) Signature of funeral director **Allison Funeral Home**

(b) Address **Galena, Kansas**

19. (a) **5-26-47** (b) **Solomon Sampkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Cherokee**

(c) City or town **Galena**
(If outside city or town limits, write "RURAL")

(d) Street No. **720 East 5th Street**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **24**
year **1947** hour **1** minute **10** P. M.

21. I hereby certify that I attended the deceased from **15 April**, 19**47**, to **24 May**, 19**47**, that I last saw her alive on **24 May**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinomatous Generalized**

Duration **12 yrs.**

Due to _____

Due to _____

Other conditions **Advanced Myocarditis**
(Include pregnancy within 3 months of death) **6 wks**

Major findings: **Generalized metastatic**

Of operations _____

Of autopsy _____

PHYSICIAN
ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUIRED
ON
Application

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? _____ (Specify type of place)

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

23. Signature **Robert Farrell** (M. D.)

Address **611 1/2 Main, Galena, Kansas**

Date signed **24 May 47**

47-6-523

TV DEIC

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 Paul A. Larnhill

Licensed Embalmer No. 3590

P. O. Address Joplin 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.

Registration District No. 106

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Cora S. Murphy

3. (b) If veteran, name war _____

3. (c) Social security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 2 1907
(Month) (Day) (Year)

8. AGE: Years 68 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1974 Hour _____ Minute _____ M. 24

21. I hereby certify that I attended the deceased from _____ to _____, 1974
and that I last saw him/her alive on 24 May, 1974
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatosis
Generalized
Due to _____
Primary site in
Due to _____
Colon
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration 6-12 mo

Major findings: Generalized Metastasis
Of operations: To liver, websterny, bone
Of autopsy: _____

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

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 Robert J. Howell (M. D. or other)
Address 611 1/2 Main, Galena, Mo Signed 16 July 1974

S-21384