

No. 2
4-243
5-17-39
X29597

FILED JUN 18 1947

Registration District No. **167**

Primary Registration District No. **4260**

Registrar's No. **146**

1. PLACE OF DEATH:

(a) County **Franklin**

(b) City or town **Baring**
(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 **entire life** years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Knox**

(c) City or town **Baring** **52**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Ellen Murphy**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8**
year **1947** hour **7 1/2** P.M. minute _____ M.

21. I hereby certify that I attended the deceased from **June 4** 19**47** to **June 8** 19**47**
that I last saw **her** alive on **June 7** 19**47**
and that death occurred on the date and hour stated above.
Immediate cause of death **Hypostatic pneumonia**
Duration **3 days**

4. Sex **F** 5. Color or race **Irish**

6. (a) Single, widowed, ~~married~~ **widow**

6. (b) Name of husband **Edna** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **5 - 3 - 1856**
(Month) (Day) (Year)

8. AGE: Years **91** Months **1** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **Ireland**
(City, town, or county) (State or foreign country) **T**

10. Usual occupation **housekeeper**

11. Industry or business _____

12. Name **Patrick**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country) **4**

14. Maiden name **Joseph Naughton**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country) **11**

MOTHER FATHER

16. (a) Informant **Barney Murphy**

(b) Address **Baring, Mo.**

17. (a) **Burial** (b) Date thereof **June 11, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation **St. Joseph's Baring MO.**

18. (a) Signature of funeral director **Edna**

(b) Address **Edna**

19. (a) **June - 10 - 47** (b) **Edna**
(Date received local registrar) (Registrar's signature) **167**

Due to _____

Due to _____

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

Final findings: **MC**
Of operations _____

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) **MC**

(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 **P**

23. Signature **Edna** (M. D. or other) **MC**
Address **Edna** Date signed **June 11/47**

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

FEB 16 1954

RECEIVED
District Health Officer No. 10
District File Number 6-47-095
Date Filed JUN 16 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

Richard B. Kelly

Registered Apprentice No. 467

working under my personal supervision.

Signed *Geo. B. Cooney Jr.*

Licensed Embalmer No. 3155

P. O. Address *Hurdland, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. July1946Registration District No. 169Primary Registration District No. 4260

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Knox
 (b) City or town Baring
 (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 Mary E. 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 _____

7. Birth date of deceased May 3
(Month) (Day) (Year)

8. AGE: Years 91 Months 1 Days _____ (Unless than one day _____ hr. _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

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) Neil S. Neuman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Knox
 (c) City or town Baring, Mo.
 (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 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

- Due to _____
 Due to _____

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

Major findings:

Of operations _____

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 _____ (M. D. or other) _____
 Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY 8

S-21468