. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26512

Registration District No. 387 Primary Registration District No. 4515 Registrar's No.

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Milan
(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 73 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Sullivan 105
(c) City or town Milan /
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Robert Murdock
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) ~~Single,~~ widowed, married, divorced Married
6. (b) Name of husband or wife Alice Boyd
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased 4 (Month) 30 (Day) 1874 (Year)

8. AGE: Years 73 Months 2 Days 11 If less than one day hr. min.
9. Birthplace Milan (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation
11. Industry or business Retired Farmer
FATHER
12. Name Wm. L Murdock
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4
MOTHER
14. Maiden name Rebecca Kenney
15. Birthplace (City, town, or county) Ky (State or foreign country) 1
16. (a) Informant Alice Murdock
(b) Address Milan Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood
18. (a) Signature of funeral director Schoenes
(b) Address Milan Mo
19. (a) Aug 6-1947 (Date received local registrar) (b) Mrs. H. B. Harris (Registrar's signature) 22A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1947 hour 1 minute 30 a M.
21. I hereby certify that I attended the deceased from Oct 22, 1947, to July 11, 1947 that I last saw him alive on July 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Prostate	6 mo.
Due to Carcinoma Penis.	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Surgical removal of Penis, scrotum, testes 4-16-47
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Ed Simpson (M. D. or other) 20
Address Milan Date signed 7-12-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-47-1026
Date Filed AUG - 8 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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Dwight Schoene.

Licensed Embalmer No. 2667.

P. O. Address Milan - 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.