

1. PLACE OF DEATH:  
(a) County Bates  
(b) City or town Butler  
(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 years, months or days) 2 years

3. (a) PRINT FULL NAME Bertha Fern Murphy  
3. (b) If veteran, name war. no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Hugh Murphy 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 26 1894  
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Reynolds Neb. 1  
(City, town, or county) (State or foreign country)  
10. Usual occupation H-W

11. Industry or business \_\_\_\_\_  
12. Name Chas A. Champlin  
13. Birthplace N.Y. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ellen Ross  
15. Birthplace Ind. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Ross Champlin  
(b) Address Butler Missouri  
17. (a) Burial (b) Date thereof II-17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Savannah Mo.

18. (a) Signature of funeral director Archer & Mangold  
(b) Address Amsterdam, Mo.  
19. (a) 17-47 (b) [Signature]  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Bates  
(c) City or town Butler  
(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 November day 15  
year 1947 hour 12:05 minute 17 M.  
21. I hereby certify that I attended the deceased from Feb 2  
1947 to Nov 15 1947  
that I last saw her alive on Nov 14 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke left cerebral  
infarct -  
Due to Chronic Myocarditis  
Due to Chronic Intestinal  
Nephritis -  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
1319

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 0  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Butler, Mo. Date signed 11/14/47

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

RECEIVED  
District Health Officer No. 7,  
District No. 14900  
12-3-47  
District File No. 14900  
Date Filed

DEC 4 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..... *L. L. Mangold* .....

Licensed Embalmer No. 3610 .....

P. O. Address..... Amsterdam, 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.**