

S. No. 2
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5-17-39
X47070

1973

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 16 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
317 West Pettis /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Hughsville
(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 HOWARD MURPHY

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-2497

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1948 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased James Corcoran
1/18/ 1948, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race N

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

(b) Name of husband or wife Gussie Murphy

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

7. Birth date of deceased: 6 3 1888
(Month) (Day) (Year)

Immediate cause of death By Freezing

Due to Exposure to weather

8. AGE: Years Months Days If less than one day

59 0 15 hr. _____ min.

Due to _____

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

9. Birthplace Cooper Co Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Laborer

11. Industry or business Farming

12. Name John Murphy

13. Birthplace Cooper Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Madame Johnson

15. Birthplace Cooper Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Gussie Murphy

(b) Address Hughsville Mo

17. (a) Burial (b) Date thereof 1-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Lebanon Cemetery

18. (a) Signature of funeral director E. D. Ferguson

(b) Address 117 E. Jefferson Sedalia Mo

19. (a) 1-20-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

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 Dr. H. L. Tolson (M.D. or other) Dr

Address 315 E. B. St. Sedalia Mo Date signed 1/19/48

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

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

covered

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

MAR 1 1948

2-14-48

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.