

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13678**  
Registrar's No. **49**

FILED MAY 3 1948

Registration District No. **270** Primary Registration District No. **4427**

1. PLACE OF DEATH:  
(a) County **Pulaski**  
(b) City or town **Waynesville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Waynesville General**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 days**  
(Specify whether  
In this community **Entire lifetime**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Pulaski**  
(c) City or town **Dixon**  
(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 **Ada Murphy**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **George Murphy**  
6. (c) Age of husband or wife if alive **77** years  
7. Birth date of deceased **2 2 1872**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**76 2 19** hr. min.

9. Birthplace **Maries County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **James Moss**

13. Birthplace **Maries County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Matilda Coffey**

15. Birthplace **Maries County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. George Murphy**

(b) Address **Dixon, Missouri**

17. (a) **Burial** (b) Date thereof **4/23/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dixon Cemetery**

18. (a) Signature of funeral director **Fred H. Gilbert**

(b) Address **Dixon, Missouri**

19. (a) **4-26-48** (b) **Thelma C. Buckthorne**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **21**  
year **1948** hour **2 pm** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **April 15**  
**1948** to **April 21**, 19**48**  
that I last saw her alive on **April 21**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertension** Duration **5 yrs**  
Due to **arteriosclerosis and senility (age 76)** many years

Other conditions **Retinal hemorrhage, Parotitis**  
(Include pregnancy within 3 months of death)  
Major findings: **H/C**  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature **Farell H. Johnson** (M. D.)  
Address **Richland Mo** Date signed **4/21/48**

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

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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.....

*April 21-1948*

Registered Apprentice No.....

working under my personal supervision.

Signed.....  
*Fred H. Gilbert*

Licensed Embalmer No. *2341-*

P. O. Address..... *Dixon, Missouri*

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.