S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19259

FILED JUL 6 1948

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 48

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethany Hospital
(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 Missouri (b) County Harrison
(c) City or town Bethany
(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 no

3. (a) PRINT FULL NAME Frankie Cleveland Murphy
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James W.
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Sept. 21, 1886 (Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Gentry County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation housewife.
11. Industry or business none
FATHER
12. Name James Madison Chittim
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy E. McGill
15. Birthplace Winterset, Iowa. (City, town, or county) (State or foreign country)
16. (a) Informant Grover Chittim
(b) Address Albany, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lone Star, Albany, Mo.
18. (a) Signature of funeral director M B Hass
(b) Address Bethany, Missouri
19. (a) June 12-48 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1948 hour 5 minute 15 M.

21. I hereby certify that I attended the deceased from June 7, 1948, to June 9, 1948, that I last saw her alive on June 9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrovascular accident	3 days
Due to: Hypertension	3-4 years
Due to	
Other conditions: Latent diabetes (Include pregnancy within 3 months of death)	8 days.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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

23. Signature Merrian Gearhart (M. D. or other) M D
Address Bethany Date signed 6/10/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 M. B. Haas
M. B. Haas.
Licensed Embalmer No. 3899

P. O. Address Bethany, 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.