

No. 30
-10-47
5-17-39
W 1 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37114

FILED NOV 23 1948

State File No. _____

Registration District No. 756

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
320 Moffet Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
43 Years

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 320 Moffet Ave. 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Louise Keller MURPHY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 5th, year 1948 hour 5:45 minute P. M.

4. Sex Female / 5. Color or race W

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

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

7. Birth date of deceased: March 14th 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-4 1948 to 11-5 1948; that I last saw her alive on 10-9-20 11-5 1948; and that death occurred on the date and hour stated above.

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

72 7 21 hr. min.

Immediate cause of death: Coronary Occlusion 11/5/48
25:45

Due to _____

Due to _____

9. Birthplace Sauk Center Minn. /
(City, town, or county) (State or foreign country)

Other conditions: Influenza
(Include pregnancy within 3 months of death)

Major findings: g/f

Of operations _____

Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Keller

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Rein

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs R.A. Beise

(b) Address Brainard, Minnesota

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? _____

17. (a) Burial (b) Date thereof Nov. 8, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address 305 West 4th St. Joplin, Mo

While at work? _____ (Specify type of place) _____ (Specify type of injury)

23. Signature of [Signature] Date signed 11/5/48

19. (a) 11-8-48 (b) Eda James
(Date received local registrar's statement) (Registrar's signature)

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

REC'D JUN 6 1948

FEB 3 1948

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 Erving M. Dunphy

Licensed Embalmer No. 3566

P. O. Address. Joplin 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.