FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 4 1949

Registration District No. 227

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5804

State File No. 40845

Registrar's No. 59

1. PLACE OF DEATH:
(a) County: MONROE
(b) City or town: RURAL-JACKSON TWP. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STAR ROUTE, PARIS 1 (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) In this community: LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MONROE
(c) City or town: RURAL (If outside city or town limits, write "RURAL")
(d) Street No.: STAR ROUTE, PARIS (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: IDA LEE MURPHY
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: CLARENCE MURPHY.
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: MAY (Month) 19 (Day) 1887 (Year)
8. AGE: Years 61 Months 7 Days 6 If less than one day ..... hr. ..... min.
9. Birthplace: MONROE CO. (City, town, or county) MO. (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business:
FATHER 12. Name: JAMES ASHCRAFT
13. Birthplace: (City, town, or county) MO. (State or foreign country)
MOTHER 14. Maiden name: KITTIE HERNDON
15. Birthplace: MONROE CO. (City, town, or county) MO. (State or foreign country)
16. (a) Informant: ARTHUR MURPHY
(b) Address: PARIS, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: PLEASANT HILL CEM.
18. (a) Signature of funeral director: Speed & Blakey
(b) Address: PARIS, MO.
19. (a) 12-26-48. (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature) 205

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 25 year 1948 hour 6 minute 00 P.M.
21. I hereby certify that I attended the deceased from ..... 1 ..... 19.48 to Dec 25 1948, that I last saw ..... alive on Dec 25 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Pneumonia	30 hrs
Due to: Toxic Thyroid	1 yr
Other conditions (Include pregnancy within 8 months of death):	

Major findings:
Of operations: F3P
Of autopsy: 410

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: 0

23. Signature: Geo. M. Kopp M. D.
Address: PARIS, MO. Date signed 12-26-48.

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

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

RECEIVED
District Health Officer No. 10
District File Number 149.5
Date Filed JAN 3 - 1949

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.