S. No. 2
—11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 1 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28539

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 698

1. PLACE OF DEATH
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 849 N. Main 2
(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: 52 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 849 N. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Michael J. Murphy 610
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary A. Murphy
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: January (Month) 1 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
80	7	23	____ hr. ____ min.

9. Birthplace: New Orleans (City, town, or county) Louisiana (State or foreign country)
10. Usual occupation: Retired Railroad Engineer
11. Industry or business: Frisco R.R.
FATHER
12. Name: Michael J. Murphy
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name: Dora Ryan
15. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant: Mrs. C.M. King
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 27 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) Aug. 27, 1940 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 24 year: 1940 hour: 5 minute: P. M.
21. I hereby certify that I attended the deceased from 8/23/ 1940 to 8/24/ 1940 that I last saw him alive on 8/23/ 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Block.	1 hr
Due to: Vascular Sclerosis of Several years duration	
Due to: There has been several attacks of Coronary block before	
Other conditions (Include pregnancy within 3 months of death): Senility	

Major findings:
Of operations: 9442
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: C. E. Feller (M. D. or other)
Address: Springfield Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Springfield, 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, above space should be left blank.