DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11742

Registration District No. 712 Primary Registration District No. 4427 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Richland (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 Pulaski
(c) City or town Richland Mo (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME George Thomas Murphy
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Junnie U Murphy
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Jan 13 1878 (Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 20 If less than one day hr. min.

9. Birthplace New Lebanon, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Produce Dealer
11. Industry or business Produce
FATHER 12. Name Jas A. Murphy
FATHER 13. Birthplace Ky. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Wagy - Cordry
MOTHER 15. Birthplace Cooper Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Wm L. Murphy Lebanon Mo
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Richland Cemetery
18. (a) Signature of funeral director R B Jeffries
(b) Address Richland Mo.
19. (a) March 3 1941 (Date received local registrar) (b) Everett A. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1941 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to March 3, 1941; that I last saw him alive on March 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio Pneumonia	10 days
Due to Asthma	Life
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 Everett A. Oliver (M. D. or other)
Address Richland Mo Date signed 3-3-1941

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 441548
Date Filed

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 [signature]

Licensed Embalmer No. 1161

P. O. Address Lebanon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.