

FILLED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32784/0
Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 652
(b) Township Polk Primary Registration District No. 6120 Registered No. 10
(c) City Michigan or Michigan
(d) Street No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number) St. 1
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Vesta E. Murphy St. Michigan, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed, 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daron Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queen City, Missouri

13. NAME Jas. Martin Hensley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Ellen Ely Boggs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) M. L. Ball, Vera, Mo.

18. BURIAL, CREMATION, OR REMOVAL Funerary Co., Vera, Mo. DATE Sept 11, 41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Schalnes, Michigan, Mo.

20. FILED Oct 9, 1941 Clew Hagan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1941

22. I HEREBY CERTIFY That I attended deceased from June 24, 1941 to Sept 8, 1941

I last saw her alive on Sept 8, 1941. Death is said to have occurred on the date stated above, at 11:50 p. m.

The principal cause of death and related causes of importance were as follows:

myocarditis & degeneration
Date of onset 1940

Other contributory causes of importance:
Diabetes mellitus 61 1936
Calculus 61 1937

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. P. McArthur M. D.
(Address) Bronaugh, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 10

District File Number 10-41-1868

Date Filed OCT. 17 1941

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.....

Frank D. Scherer

Registered Apprentice No.....

working under my personal supervision.

Signed

Frank D. Scherer

Licensed Embalmer No.....

2016

P. O. Address.....

Milwaukee 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.