

FILED JAN 21 1942

Registration District No. 278

Primary Registration District No. 2001

Registrar's No. 953

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1717 W. Webster
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Wash) Murphy
3. (b) If veteran, name war no
3. (c) Social Security No. None

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lourinda Murphy 6. (c) Age of husband or wife if 73 years
7. Birth date of deceased Feb 12 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Archie Murphy

(b) Address 1220 N Lexington

17. (a) Burial (b) Date thereof Dec 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrison, Ark

18. (a) Signature of funeral director L. C. Holt

(b) Address Harrison, Ark

19. (a) 12-6-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

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. 1717 W. Webster
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6th
year 1941 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from 10-1- 1941, to 12-6- 1941;
that I last saw him alive on 12-5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

arterio Sclerosis

Due to _____

Due to myocarditis chronic

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 938
Of operations _____

Of autopsy _____

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? _____

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

23. Signature W. E. Handley M. D. or other _____

Address Springfield Mo Date signed 12-6

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

X