

FILED JUN 22 1942
Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 159

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hosp #1
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 3 1/2 hrs (Specify whether
years, months or days) _____

3. (a) PRINT FULL NAME SAM MURPHY

3. (b) If veteran, name war D.H.

3. (c) Social Security No. 272

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 9 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 9 If less than one day
hr. _____ min. _____

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business same

12. Name Sam

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

14. Maiden name same

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

16. (a) Informant From hospital records

(b) Address Fulton Mo

17. (a) Removal (b) Date thereof May 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Illinois

18. (a) Signature of funeral director Geo W Wallace

(b) Address Fulton Missouri

19. (a) May 18-42 (b) Joe Mankoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 630 Clayton Road
(If rural, give location)

(e) If foreign born, how long in U.S.A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1942 hour 7:17 minute _____ M.

21. I hereby certify that I attended the deceased from May 12
1942 to May 18 1942
that I last saw him alive on 5-17-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 6 days

Due to 104

Other conditions Generalized Arteriosclerosis
(Exclude pregnancy within 3 months of death)

Chronic Parapneumonia

Major findings: aspirated

Of operations _____

Of autopsy Same as above

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? _____

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

23. Signature George T. Keenan (M. D. or other) M.D.

Address Fulton Mo Date signed 6/18/42

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

MOTHER FATHER

14
1
2

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..... *Leo G. Wallace,*

Licensed Embalmer No..... *3373*

P. O. Address..... *Fulton 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, fact should be so stated above.