

FILED JAN 14 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 687

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
S. Johns Hospital
(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 GILBERT IVAN MURPHY

3. (b) If veteran, name war _____ ; (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 22 1937
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 8 25 _____ hr. _____ min.

9. Birthplace Lanagan Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Charley Murphy
13. Birthplace OKLA
(City, town, or county) (State or foreign country)
14. Maiden name RUBY POPE
15. Birthplace ARK.
(City, town, or county) (State or foreign country)

16. (a) Informant IDA B. Thompson Lanagan MO.
(b) Address _____

17. (a) Burial (b) Date thereof. Dec. 19 43
(Burial, cremation, or removal) (Month) (Day) (Year)
Lanagan MO.

18. (a) Signature of funeral director Chas. W. Williams
(b) Address _____

19. (a) 12-19-43 (b) Arthur Sudholt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MCDonald
(c) City or town Lanagan
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th.
year 1943 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from 12/7, 1943 to 12-17, 1943;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Staphylococcus meningitis
Due to Paternal Sinus Thrombosis
Due to _____

Duration

10
days

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

Major findings:
Of operations _____
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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address Joplin Mo Date signed 12/19/43

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

43-12-1078

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.

Not embalmed

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.