

FILED APR 14 1944

Registration District No. 3943

Primary Registration District No. 6265

Registrar's No. 20

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME James Andrew Murphy  
3. (b) If veteran, name war... X  
3. (c) Social Security No. X

20. DATE OF DEATH: Month March day 14  
year 1944 hour 9 minute 30 A.M.

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Mary Murphy  
6. (c) Age of husband or wife if alive... x years  
7. Birth date of deceased November - 3 - 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 28, 1944, to March 8, 1944  
that I last saw h. 1944 alive on March 8, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 4 Days 11  
If less than one day x hr. x min.

Immediate cause of death Cerebral sclerosis and chronic nephritis  
Duration ?

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Wogan Murphy

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

14. Maiden name Unknown

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

16. (a) Informant Tony Murphy

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 3-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Welch Semetery

18. (a) Signature of funeral director [Signature]  
(b) Address Marshfield, Missouri

19. (a) MARCH 15 1944 (b) Leharlatte Bruce  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 P

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) (Specify means of injury)

23. Signature [Signature] (M. D. or other) MD.  
Address Springfield Mo Date signed 3/16/44

1344

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

RECEIVED

District Health Officer No. 6,

District File Number 444-461

Date Filed APR 12 1944

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. 2312

P. O. Address Marshfield, 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.