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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16079

Registration District No. 22 Primary Registration District No. 289 Registrar's No. 2

1. PLACE OF DEATH:
(a) County CLAY Gallego Twp
(b) City or town LIBERTY
(c) Name of hospital or institution: TER # 2-1
(d) Length of stay: In hospital or institution 15 YEARS
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CLAY 24
(c) City or town LIBERTY
(d) Street No. RURAL ROUTE # 2 0
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME ALTA MRE MURPHY
(b) If veteran, name war NO
(c) Social Security No. 495-20-8893

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24 year 1946 hour 9 minute 15 P. M.
21. I hereby certify that I attended the deceased from Nov. 1945 to May 24 1946;
that I last saw her alive on May 24 1946;
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (b) Name of husband or wife CLAUD MURPHY
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased APRIL 16 1897
(Month) (Day) (Year)

Immediate cause of death Carcinoma of cervix 2 yrs.
Due to generalized carcinomatosis, pelvic bones, left humerus, sternum, and bladder 1 yrs.
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 480
Of autopsy: _____

8. AGE: Years 49 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name WALKER SATTER WHITE

13. Birthplace Loc. Angler, 1
(City, town, or county) (State or foreign country)

14. Maiden name CHARA OGDEN
(City, town, or county) (State or foreign country)

15. Birthplace BOONE COUNTY Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Murphy
(b) Address RR # 2 Liberty Missouri

17. (a) BURIAL (b) Date thereof May 27 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT WASHINGTON CEMETERY
18. (a) Signature of funeral director O. H. Newcomer
(b) Address 1401 B near Creek Bend

19. (a) May 27 (b) Beulah Kitcher
(Date received local registrar) (Registrar's signature)

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? _____
(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 0
23. Signature D. P. Schukmacher (M. D. or other) M.D.
Address Liberty Mo Date signed 5-26-46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8
District File Number _____
Date Filed 6-2-46

SEP 25 1952

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 Elsear H. May
Licensed Embalmer No. 1767
P. O. Address Kansas City

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.

Registration District No. 72

Primary Registration District No. 5289

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Alta M. Murphy

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased April 16 1924
(Month) (Day) (Year)

8. AGE: 49 Years Months Days (less than one day) hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) May 27 (b) Beulah Kitchew
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June year 1946 hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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 _____

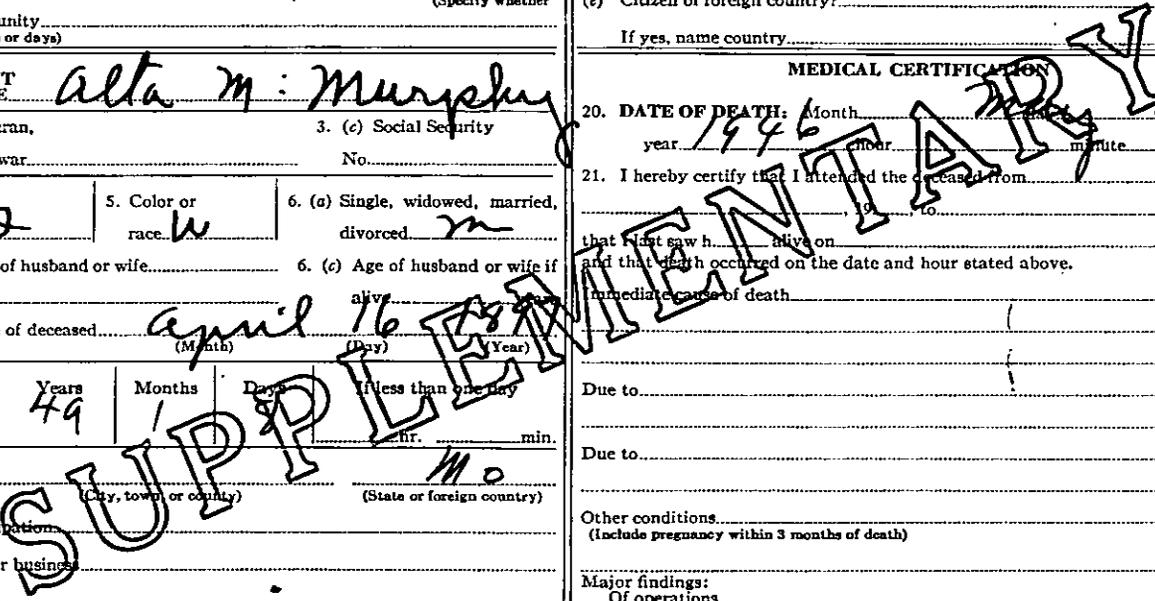
(c) Where did injury occur? _____ (City or town) (County) (State)

(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 _____ (M. D. or other) _____

Address _____ Date signed _____



16079