

5-17-39
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FILED JUL 4 2 1946
Registration District No. **107421946**

Primary Registration District No. **3052**

Registrar's No. **193**

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
916 1/2 East Third
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community four years at this address

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 916 1/2 East Third
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Sarah Florence Murphy

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Thomas Murphy

6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased April 3, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>2</u>	<u>9</u>	hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business.....

12. Name Lee Holder

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

14. Maiden name Mary Veason

15. Birthplace unknown, South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Witcher (sister)

(b) Address 916 1/2 East Third, Sedalia, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 6/16/46
(Month) (Day) (Year)

(c) Place: burial or cremation Smith Chapel Cemetery

18. (a) Signature of funeral director Dwaine Swigg

(b) Address Sedalia, Mo.

19. (a) 6/14/46
(Date received local registrar)

(b) Betty Yeager
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1946 hour 6:25 minute A. M.

21. I hereby certify that I attended the deceased from Sept 19 43 to June 12 1946
that I last saw her alive on June 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Mitostatic Carcinoma of liver Duration 3 yrs

Due to Carcinoma of Rectum

ADDITIONAL PRIMARY SUPPLEMENTARY INFORMATION REQUESTED

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of rectum Underline the cause to which death should be charged statistically.

Of operations resected in October 1943

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 A. L. Walter (M. D. or other) MD

Address Sedalia Mo. Date signed 6-13-46

251

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

6-29-46

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

Drane Cowing

Licensed Embalmer No. 38478

P. O. Address

Sedalia 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 1937

Registration District No. 274 Primary Registration District No. 3052

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(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 _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME Sarah J. 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 wid

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

7. Birth date of deceased Apr 3
(Month) (Day) (Year)

8. AGE: Years 73 Months _____ Days _____ (Unless 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) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

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

19. (a) _____ (Date received local registrar) (b) _____ (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 _____ year 1937 month _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw him _____ alive on _____, and that death occurred on the date and hour stated above. Immediate cause of death _____

Carcinoma of Rectum
Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 46A

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) _____ of injury
23. Signature R. L. Walter (M. D. or other) M.D.
Address Sedalia Mo Date signed July 5-4

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
179953

SUPPLEMENTARY

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

21084