

FILED AUG 1 1947
 274

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 235

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:
717 E. 7th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 10 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis 80
 (c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
 (d) Street No. 717 E. 7th St. 4
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ada E. Murphy
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 29
 year 1947 hour 2:00 minute A.M.
 21. I hereby certify that I attended the deceased from 6-12-47
3 to 6-29, 1947
 that I last saw him alive on 6-28-47, 19____
 and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife J.S. Murphy
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 27 1883
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of Stomach with metastasis to liver & etc. 1 Yr.
 Due to _____
 Due to _____
 Other conditions none
(Include pregnancy within 5 months of death)

8. AGE: Years 64 Months 4 Days 2 If less than one day _____ hr. _____ min.
 9. Birthplace Raymondville Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Major findings:
 Of operations me 46 B
 Of autopsy _____
PHYSICIAN

 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Wm. Mayfield 9
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown 9
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 16. (a) Informant Emmett Trotter
 (b) Address Sedalia, Mo.
 17. (a) Burial (b) Date thereof 7-31-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crown Hill
 18. (a) Signature of funeral director Geo. Dillan
 (b) Address Sedalia, Mo.
 19. (a) 6/30/47 Betty Yeager
(Date received local registrar) (Registrar's name)

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?

(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature J. B. Orrell (M. D. or other) MD
 Address Sedalia, Mo. Date signed 6-30-47

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

80
6
4

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-30-47

AUG 6 1947

AUG 1 1947

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 *John A. Cantlon*
.....
Licensed Embalmer No. *4387*
.....
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.