1/47
17-39

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

Missouri Office of Vital Statistics

FILED SEP 11 1947

STANDARD CERTIFICATE OF DEATH

State File No. 27116

Registration District No. 97

Primary Registration District No. 3012

Registrar's No. 129

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 18 days (Specify whether years, months or days)
In this community 1 mo. 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 5847 Plymouth
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Norman H. Murphy
3. (b) If veteran, name war: Philippine Insurrection
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Irene Murphy
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: March (Month) 5 (Day) 1882 (Year)

8. AGE: Years 65 Months 5 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace: Alma (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: Accountant
11. Industry or business: Stoner Engr. Co.
FATHER
12. Name: George Murphy
13. Birthplace: Covington (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name: Emma Haynes
15. Birthplace: Covington (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant: Hospital Records, Veterans Administration Hospital
(b) Address: Excelsior Springs, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Aug. 14, 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Jefferson Brks., Mo.
18. (a) Signature of funeral director: Chas Wagner HOPE FUNERAL HOME
(b) Address: Excelsior Springs, Missouri
19. (a) 8/14/47 (Date received local registrar) (b) Caroline Nutting (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1947 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 26, 1947 to August 13, 1947; that I last saw him alive on August 13, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis of lungs, far advanced	Unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: No Autopsy Performed	

PHYSICIAN — Underline the cause of 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: S. C. Strode, M. D. (M. D. or other)
Address: Veterans Administration Hospital, Excelsior Springs, Missouri
Date signed: 8-13-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

ECEIVED
istrict Health Officer No. 6,
istrict File Number
ate Filed 9-10-47

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 J. A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.