

7. S. No. 2
OM-1/47
rv. 5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAR 23 1948

Registration District No. 57

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

8127

State File No.

Primary Registration District No. 5223

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Cass
(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 1
(Specify whether years, months or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 3
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES ALBERT MURPHY

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Jessie murphy 6. (c) Age of husband or wife if alive, years 27
7. Birth date of deceased May 27 1870
(Month) (Day) (Year)

8. AGE: 78 Years 9 Months 14 Days If less than one day hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

12. Name James Monroe Murphy
13. Birthplace Nebr
(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 Edgar Murphy
(b) Address Cleveland MO

17. (a) Burial (b) Date thereof Mar. 13-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Glennfield

18. (a) Signature of funeral director W. E. Myers
(b) Address Cleveland MO

19. (a) Mar. 13-48 (b) Louise Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 11
year 1948 hour 10:20 minute AM

21. I hereby certify that I attended the deceased from 7:00 AM
dead at home to MARCH 11, 1948
that I last saw him alive on MARCH 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS
Due to ARTERIOSCLEROTIC HEART DISEASE

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

23. Signature [Signature] (M. D. or other) MD
Address Harrisonville Mo Date signed 3/11/48

Duration
Underline the cause of which death should be charged statistically.

MOTHER FATHER

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

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Cass County Carour

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. 2517

P. O. Address Cleveland 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.