

FILED APR 5 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3348

Registration District No. 171

Primary Registration District No. 3705

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #1 Audlaire Mo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

3: (a) PRINT FULL NAME Edward W. Murphy  
3. (b) If veteran, name war --- 3. (c) Social Security No. ---

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar. day 14  
year 1948 hour 6 minute 05 P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Julia Murphy 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Sept 8 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 15  
1946, to Mar 14 1948  
that I last saw him alive on March 15 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Carcinoma of bladder (primary) Duration 3 yrs.

8. AGE: Years 74 Months 4 Days 6 If less than one day --- hr. --- min.

Due to ---  
Due to ---

9. Birthplace Livingston Co Missouri  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Former Retired

Major findings: Of operations ---

11. Industry or business ---

Of autopsy ---

12. Name John Murphy

22. If death was due to external causes, fill in the following:

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

(a) Accident, suicide, or homicide (specify) ---

14. Maiden name Margaret Kennedy

(b) Date of occurrence ---

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

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

16. (a) Informant Mrs. Julia Murphy

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

(b) Address Route #1 Audlaire Mo

17. (a) Burial (b) Date thereof 3/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem.

18. (a) Signature of funeral director Ronald F. Gordon

(b) Address Chillicothe Mo

19. (a) 3-19-48 (b) B. J. ...  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury ---

23. Signature W. C. ... (M. D. or other) ---

Address Chillicothe Mo Date signed ---

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

59  
00

MOTHER FATHER

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

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo**

APR 8 1948

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**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.....

*Ronald F. Galan*

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, 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.**