S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 21 1948

Registration District No. 1987

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 13066

Registrar's No. 85

1. PLACE OF DEATH:
(a) County: JASPER
(b) City or town: Stone Carthage al Hospital
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stone Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Two Days (Specify whether years, months or days)
In this community: 8 Months

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

3. (a) PRINT FULL NAME: Clarence Edwin MURPHY
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ethyl C. Murphy
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: October (Month) 26, (Day) 1881 (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	5	3	hr. min.

9. Birthplace: Dallas, (City, town, or county) Texas. (State or foreign country)
10. Usual occupation: Resturant Owner
11. Industry or business:
FATHER
12. Name: Edwin E. Murphy
13. Birthplace: Quincy, (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name: Sarah J. Cheely
15. Birthplace: Quincy, (City, town, or county) Ill. (State or foreign country)
16. (a) Informant: Mrs. Ethyl C. Murphy
(b) Address: Avilla, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lowry City, Mo.
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.
19. (a) Mar. 30-1948 (Date received local registrar) (b) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 29th. year: 1948 hour: 10:15 minute: P. M.
21. I hereby certify that I attended the deceased from 3-28 1948 to 3-29 1948 that I last saw him alive on 3-29 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Medulary Paralysis	
Due to: Auto intoxication	
Due to: Carcinoma of Sigmoid	
Other conditions (Include pregnancy within 3 months of death): Chol Gallstones	
Major findings: Of operations:	
Of autopsy: as above	

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? (Specify type of place)
While at work? (e) Means of injury:
(f) Signature: Albert B. Wheeler M.D. (M. D. or other)
(g) Address: Carthage Mo. Date signed 3-30-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

48-3-302

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 Charles H. Hutsler Jr., Registered Apprentice No. 24 working under my personal supervision. Charles H. Hutsler Jr.

Signed Gene. C. Pugh. Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.