FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 9 1948

Registration District No. 349

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5223

State File No. 22478

Registrar's No. 142

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 (Specify whether
In this community 3 9/43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(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 DOROTHY LOUISE MURPHY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edgar Murphy

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Jan. (Month) 13 (Day) 1909 (Year)

8. AGE: Years 39 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name John Bailey Hook
13. Birthplace Freeman (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Annie Wilson
15. Birthplace Ash Grove (City, town, or county) Canada (State or foreign country)

16. (a) Informant Mrs Annie Hook
(b) Address Cleveland Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Glenwild

18. (a) Signature of funeral director Geo. E. Myers
(b) Address Cleveland Mo.

19. (a) 7-31-1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 8, 1948, to July 30, 1948; that I last saw her alive on July 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Due to Ca originating in Pelvis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 556

Of autopsy

Duration

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

23. Signature Harry B Neisman (M. D. or other)
Address Harrisonville, Mo. Date signed 7-31-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. E. Myers

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.