

FILED AUG 17 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25760

State File No.

Registration District No. 70

Primary Registration District No. 4123

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Wayland
(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
years, months or days)

3. (a) PRINT FULL NAME Vern Kenneth Murphy

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ora (Soule) Murphy 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Nov. 15 1904
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 14 If less than one day
.....hr.min.

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

10. Usual occupation Common Laborer

11. Industry or business

MOTHER FATHER
12. Name George Murphy
13. Birthplace Warsaw, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Hella Conway
15. Birthplace Brown Co., Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Geo. Murphy
(b) Address Wayland, Mo
17. (a) burial (b) Date thereof 7-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Frazer

18. (a) Signature of funeral director J. C. Bridges
(b) Address Wayland
19. (a) 814-48 (b) J. C. Bridges
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark
(c) City or town Wayland
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1948 hour 4:30 minute A.M.

21. I hereby certify that I attended the deceased from 7-2-48 1948 to 7-29-48 1948
that I last saw him alive on 7-29-48
and that death occurred on the date and hour stated above.
Immediate cause of death HEMORRHAGE

PULMONARY TUBERCULOSIS

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to 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)
(c) Means of injury.....
23. Signature W. C. Channing (M. D. or other)
Address Rehoboth Mo Date signed 7-30-48

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

AUG 17 1948

RECEIVED
District Health Officer No. 10
State File Number 8-48-144
Date Filed AUG 16 1948

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..... W. F. Kischer

Licensed Embalmer No. 2611

P. O. Address..... Wayland

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.