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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30642

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 46

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
B. B. Springs
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Year (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL")

(d) Street No. 607 North 7th. 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY MURPHY McGLAUGHLIN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Wm. McGlaughlin 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 15 (Day) 1863 (Year)

8. AGE: Years 85 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Clarksville (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business Housekeeping

FATHER
12. Name John Murphy
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Bridgett Morissey
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Gene Murphy
(b) Address Louisiana, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cem.

18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana, Missouri

19. (a) 9-18-48 (Date received local registrar) (b) Bill Robinson (Registrar's signature) 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 1 day 15
year 1948 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from Aug 30, 1948 to 9-15, 1948
that I last saw her alive on 9-10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency — Duration 15 days

Due to Chronic Endocarditis — yrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92 P
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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature J. M. Mathews (M. D. or other) Rec
Address Bowling Green Mo Date signed 9-16-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. [illegible]
District File Number 948.16
Date Filed SEP 2 2 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 Virginia M. Stearns, Registered Apprentice No. 491, working under my personal supervision.

Signed Harold F. Garner

Licensed Embalmer No. 3720

P. O. Address Lewiston Me.

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.