S. No. 2
M—5-43
. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1? 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14490

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 365

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington (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
In this community 22years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Francois
(c) City or town Farmington (If outside city or town limits, write "RURAL")
(d) Street No. 410 N Franklin (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alfred Murphy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Annise Murphy
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased April 4 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	11	28	hr. min.

9. Birthplace Weingarten (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name George A. Murphy
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Griffin
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Hortense Murphy
(b) Address Farmington, Mo.
17. (a) b (Burial, cremation, or removal) (b) Date thereof 3/30/45 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview
18. (a) Signature of funeral director C.H. Cozean
(b) Address Farmington, Mo
19. (a) 3-30-45 (Date received local registrar) (b) Dorman Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1945 hour 4 minute 30 P M.
21. I hereby certify that I attended the deceased from Feb 11, 1945, to , 19 ;
that I last saw him alive on Feb 11, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

830

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

23. Signature S.A. Langford (M. D. or other) Md.
Address Hwy 4 Date signed 3-29-45

1373

(Licensed Embalmer's Statement on Reverse Side)

4
4
1

...ion Health Officer No. 4
District File Number 445-505
Date Filed 4-12-45

SEP 27 1951

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.

S. No. 2B
0M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 315

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Farmington
(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)

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

3. (a) PRINT FULL NAME Alfred Murphy
3. (b) If veteran, name war
3. (c) Social Security No. 6

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Annie
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased April 4 1876
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 28 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

14490