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RECORDED MAR 14 1941 211

Primary Registration District No. **5291**

Registrar's No. **3**

1. PLACE OF DEATH: **Cole**
 (a) County
 (b) City or town **RURAL - MARION TOWNSHIP**
 (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 **50 year** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frederick Young Murphy**
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex **Male** 5. Color of race
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Ollie** 6. (c) Age of husband or wife if alive **61** years
 7. Birth date of deceased **Nov 19 1879**
 (Month) (Day) (Year)

8. AGE: Years **81** Months **3** Days **6** If less than one day
 hr. min.

9. Birthplace **Camden Mo**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Farmer**

11. Industry or business
 12. Name **Edward Murphy**
 13. Birthplace **Ireland** (State or foreign country)
 14. Maiden name **Mary Young**
 15. Birthplace **Dartmouth** (City, town, or county) (State or foreign country)

16. (a) Informant **Helen Murphy**
 (b) Address **Center town Mo**
 17. (a) **Burial** (b) Date thereof **Feb 27 41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Center town Mo**
 18. (a) Signature of funeral director **William F. Friedman**
 (b) Address **California Mo**
 19. (a) **Feb 26 - 1941** (b) **H. T. Leach M.D.**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Cole**
 (c) City or town **Rural** (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb** 7 day **25**
 year **1941** hour **9:45** minute **7** M.
 21. I hereby certify that I attended the deceased from **July 19**
 1941 to **July 25** 1941;
 that I last saw **him** alive on **July 25** 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death **acute Bronchitis** Duration **10 days**

Due to **g m f**
 Due to

Other conditions **Chronic myocarditis**
 (Include pregnancy within 3 months of death)
with heart block
 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 **Edgar A. Stube** (M. D. or other) **0**
 Address **California** Date signed **2/25/41**

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

MOTHER FATHER

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.....

Licensed Embalmer No. *2854*

P. O. Address *California 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.