

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44129
 Do not use this space.

1. PLACE OF DEATH
 (a) County New Madrid Registration District No. 604
 (b) Township New Madrid Primary Registration District No. 5802
 (c) City New Madrid (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Francis Murphy
 (a) Residence, No. Holland, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leo Vollinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	46	3	21	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm Mgr.
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carmi Ill

FATHER
 13. NAME D.K.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER
 15. MAIDEN NAME Rosetta Endicott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) Audreanel Freeman
Blytheville, Ark.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hornersville, Mo DATE Dec 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) German Undt Co.
Steele, Mo.

20. FILED 12/27/39 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5A m.
 The principal cause of death and related causes of importance were as follows:
Stabbed - Wounds in Chest
 Date of onset _____

Other contributory causes of importance:
Nick in temple with blunt instrument

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? homicide Date of injury _____, 19____
 Where did injury occur? unk.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. unk.

Manner of injury stabbed with ice pick 5 times
 Nature of injury " in chest

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Robert J. Cooney
 (Address) New Madrid, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 2,

File Number 140-475

Date 1-4

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.....

P. O. Address.....

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, above space should be left blank.