DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1907

Registration District No. 12-1

Primary Registration District No. 2009

Registrar's No. 50

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)

In this community: 6 months

2. USUAL RESIDENCE OF DEASCED:

(a) State: Missouri (b) County: New Madrid

(c) City or town: Sikeston Route 3 (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.? years.

3. (a) PRINT FULL NAME: Roy Iferson Murphy 610

3. (b) If veteran, name war: Yes

3. (c) Social Security No.: Don't Know

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Emma Murphy

6. (c) Age of husband or wife if alive: 37 years

7. Birth date of deceased: October (Month) 28 (Day) 1898 (Year)

8. AGE: Years 41 Months 3 Days 5 If less than one day hr. min.

9. Birthplace: Johnson County (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: Farm Laborer

11. Industry or business:

FATHER 12. Name: James Murphy

FATHER 13. Birthplace: Mississippi (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Jane Hyatt

MOTHER 15. Birthplace: Newton County (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant's own signature: John Murphy

(b) Address: Sikeston, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 4 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Matthews Cemetery

18. (a) Signature of funeral director: H. J. Welch

(b) Address: Sikeston, Missouri

19. (a) 2-3-1940 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3 rd year 1940 hour 7 minute 55 A.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.

Immediate cause of death: E. P. Wicker coroner Cape County states being the 1st time given in the case first that the

Due to: deceased died on said date came to his death at a residence Sikeston Mo. of

Due to: was caused by a small boy hitting him in the head and fatally injured

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy:

Duration

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): Accident

(b) Date of occurrence: Feb 1-1940 about 6 P.M.

(c) Where did injury occur? Bijou Theater Sikeston (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hopped on the 'of Brothers Sam (Specify type of place)

While at work? (e) Means of injury: Struck by

28. Signature: E. P. Wicker Coroner (M.D. or other):

Address: Sikeston Mo. Date signed: Feb 4

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PERMANENT — USE STANDARD BLACK INK — MAKE A PERMANENT RECORD

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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. Harvey L. Johnson

Licensed Embalmer No. 3704

P. O. Address. Sikeston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.