

FILED JUN 22 1940

Registration District No. 56 Primary Registration District No. 4334 5763 Registrar's No. 26

1. PLACE OF DEATH: Mississippi St James

(a) County Rural

(b) City or town 34

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) 1 11

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. 6 miles South E. of East Prairie, Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME NORA PEARLINE MURPHY

3. (b) If veteran, name war V

3. (c) Social Security No. None

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced None

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

7. Birth date of deceased May 10 1940 (Month) (Day) (Year)

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

9. Birthplace Mississippi Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Raymond Murphy

MOTHER FATHER { 12. Name Raymond Murphy

13. Birthplace Hickman Co. Ky (City, town, or county) (State or foreign country)

14. Maiden name Jessie Bailey

15. Birthplace Hickman Co. Ky (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Murphy

(b) Address East Prairie, Mo.

17. (a) Removal (b) Date thereof 5/13/40 (Month) (Day) (Year)

(c) Place: burial or cremation Columbus Ky

18. (a) Signature of funeral director Travis Shelly

(b) Address East Prairie Mo

19. (a) May 4 - 1940 (b) Mrs. D.M. (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day May year 1940 hour 9 minute 30th M.

21. I hereby certify that I attended the deceased from New England _____ 19 _____

that I last saw him _____ alive on _____ 19 _____

and that death occurred on the date and hour stated above.

Immediate cause of death Fantely Value of Heart what is called Blue Baby

Due to This is from family history as given by mother

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: 107

Of operations _____

Of autopsy _____

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? 877 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Frank J. Vernon (M.D. or other) S

Address Charleston Mo Date signed _____

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

RECEIVED

District Health Officer No

District File Number 640-114

Date Filed 6/13/40

$$\begin{array}{r} 295 \\ 15 \\ \hline 440 \\ 1320 \\ \hline 1320 \end{array}$$

$$\begin{array}{r} 165 \\ 136 \\ \hline 295 \\ 2903 \\ \hline 8185 \end{array}$$

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body of 8185 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.