1940

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

26437

Do not use this space.

2

1. PLACE OF DEATH
(a) County Schuyler 0 Registration District No. 806 J. O. Coffey
(b) ~~Township~~ or Prairie Primary Registration District No. 4485 Registered No.
(c) City Queen City (d) Street No. St.
(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 260 Lucy Orpha Hager
(a) Residence, No. Queen City Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Newton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/7/1859
7. AGE YEARS 81 MONTHS No DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Indiana

FATHER
13. NAME John Murfin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Elizabeth Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs. Ray McBee Queen City. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Queen City DATE July 17 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. Hayes Shelbina, Mo.
20. FILED 7-17 1940 J. T. Jones Olive Jones Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 - 1940
22. I HEREBY CERTIFY, That I attended deceased from July 6th 1940, to July 15th 1940
I last saw her alive on July 15 1940 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:
Prolapse of Womb — Date of onset July 6 1940
15 or 20 yrs standing

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —
(Signed) J. O. Coffey M. D.
7/18 (Address) Queen City Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

...INKS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 10
District File Number 8-40-1578
Date Filed AUG 13 1940

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 Me, Registered Apprentice No. working under my personal supervision.

Signed E. Hayes

Licensed Embalmer No. 1437

P. O. Address Sikeston, Mo

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

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