

FILED APR 20 1944

State File No. _____

Registration District No. 2184

Primary Registration District No. 4358

Registrar's No. 114

1. PLACE OF DEATH: New Madrid
 (a) County New Madrid
 (b) City or town Jilbourn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town Jilbourn (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FRANCIS-MARION-MURPHY

MEDICAL CERTIFICATION

3. (b) If veteran, name war No 3. (c) Social Security No. No

20. DATE OF DEATH: Month April day 5
 year 1944 hour 9 minute 35 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from during
43 4-4-1 1944
 that I last saw him alive on April 4, 1944
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Aug 24 1859
 (Month) (Day) (Year)

Immediate cause of death Cancer Duration _____

8. AGE: Years 84 Months 7 Days 12 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Cape Girardeau Mo.
 (City, town, or county) (State or foreign country)

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

10. Usual occupation Railroad Foreman

11. Industry or business _____

12. Name Ailey Murphy

Major findings: Of operations _____

13. Birthplace Cape Girardeau Mo.
 (City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Unknown

15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant William Henry

(b) Address Jilbourn Mo

17. (a) _____ (b) Date thereof 4/7/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds

18. (a) Signature of funeral director Warma M.

(b) Address Warma M.

19. (a) 4-7-44 (b) Mr. J. L. Parrett
 (Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. G. N. Hilson

Address Jilbourn Date 4/7/44

WRITE PLAINLY—USE UNFADING INK

MOTHER FATHER

PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office N

District File Number 444

Date Filed 4-12-4

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.....

Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Harold Albright

Licensed Embalmer No. 4210

P. O. Address Sideston

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. may
Registrar's No. _____

Registration District No. 240 Primary Registration District No. 7358

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Osborne
(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 _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Francis M. Murphy
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Aug 24 (Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days _____ (Unless than one day) min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day _____ year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer

Due to the case

Due to _____

Other conditions (Include pregnancy within 3 months of death) 25

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Wilson (M.D.) _____ Address Osborne Date signed 4-1-44

SUPPLEMENTARY

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

15297