DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1944

Registration District No. 93

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21211

Primary Registration District No. 3007

Registrar's No. 193

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 hrs 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Maiden - R 2 - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 103
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MURPHY

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Girl

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased June (Month) 6 (Day) 1944 (Year)

8. AGE: Years | Months | Days | If less than one day 9 hr. 5 min.

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

10. Usual occupation ~~farming~~

11. Industry or business ~~farming~~

FATHER
12. Name Jesse Leo Murphy
13. Birthplace Bernie (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lula Bridges
15. Birthplace Bernie (City, town, or county) Mo (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or ~~cremation~~ Dexter Mo

18. (a) Signature of funeral director Nathan [illegible]

(b) Address Dexter Mo

19. (a) 6-9-44 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th year 1944 hour 6 minute — M.

21. I hereby certify that I attended the deceased from 6-6, 1944 to 6-6, 1944 that I last saw her alive on 6-6, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure (Asphyxia Neonatorum)	
Due to Premature birth	
Due to Placenta praevia	Unknown
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 159	
Of autopsy	

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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Fonda (M. D. ~~or other~~)

Address Poplar Bluff, Mo. Date signed 6-6-44

92

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office
District File Number 6-44-
Date Filed 6-14-

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~~ Not embalmed Registered Apprentice No. working under my personal supervision.

Signed Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter Mo

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

If this body is not embalmed, fact should be so stated above.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. ____ JUL 20

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 193

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(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)

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 ____

3. (a) PRINT FULL NAME — Murphy

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife ____

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

7. Birth date of deceased June (Month) 6 (Day) 1944 (Year)

8. AGE: Years | Months | Days | If less than one day ____ hr. ____ min.

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

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name ____
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)

16. (a) Informant J. L. Murphy
(b) Address Malden

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)

(c) Place: burial or cremation ____

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

19. (a) 6/23/44 (Date received local registrar) (b) Belle Kenne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 6
year 1944 hour ____ minute ____ 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

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) ____

(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? ____ (Specify type of place)

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

23. Signature ____ (M. D. or other) ____

Address ____ Date signed ____

SUPPLEMENTARY

11212

FILED