

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED AUG 15 1944

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 390

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
314 E. Ninth Street
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 months (Yes or No)
years, months or days)

3. (a) PRINT FULL NAME Patricia Lorena Murphy

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 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 February 29, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 5 8 hr. min.

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

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER

12. Name Pvt. Lewis Murphy

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

14. Maiden name Marian Jackson

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

16. (a) Informant Mrs. Lewis Murphy

(b) Address 409 E. 8th, Joplin, Missouri

17. (a) Burial (b) Date thereof 8-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial PARKER-HUNSAKER

18. (a) Signature of funeral director (b) Address 1502 Joplin, Joplin, Mo

19. (a) 8-8-44 (b) Bertine Sudhuth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 409 E. Eighth Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1944 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from Aug 4, 1944 to Aug 6, 1944
that I last saw him alive on Aug 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart Duration

Due to Pneumonia

Due to Pertussis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

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? _____

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

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 8-7-44

120X

44-1-646

AUG 16 1944

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin Mo.

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.