

No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 15 1946
Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31256
Registrar's No. 317

Primary Registration District No. 6075

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs. 4 mos. 18
days. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME NETTIE MURPHY
(b) If veteran, name war No
(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 None
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 53 hr. min.

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

10. Usual occupation House work

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 9-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenda Cem., Farmington, Mo.

18. (a) Signature of funeral director C. H. Cozean

(b) Address Farmington, Missouri

19. (a) 10-10-46 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24,
year 1946 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from
Sept. 17, 1946 19 to Sept. 24, 1946 19
that I last saw h. er alive on Sept. 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 3 days

Due to paralytic ileus 3 days

Due to exploratory laparotomy

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

Major findings: cytadenocarcinoma of left
Of operations ovary - size 10 x 10 x 5
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?

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

23. Signature Spidder A. Cozart (M. D. or other) M. D.
Address Stat. Hwy # 9 Farmington Mo. Date signed 24 Sept '46

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RECEIVED

District Health Officer No. 4
District File Number 1046-2752
Date Filed 10-14-46

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..... *W. Cozart*

Licensed Embalmer No. 4084

P. O. Address Farmington, D.

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.