

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12703

State File No. _____

FILED MAY 1 1947

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
8 South Spanish
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 7 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 8 So. Spanish
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Elexander Murphy

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1947 hour 5 minute 17 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sarah Murphy

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

7. Birth date of deceased April 2, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 22 1947, to _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>0</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death _____
Angina Pectoris

Due to _____

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

10. Usual occupation Retired Railway Employee

11. Industry or business Mo. Pac. R.R. Co.,

Due to _____

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

Major findings:
Of operations _____

MOTHER FATHER { 12. Name Riley Murphy

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

14. Maiden name Mary E. Durock

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

Of autopsy _____

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

16. (a) Informant Charles Murphy

(b) Address 13 N. Fountain-Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 4/24/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation F.O.O.F. Cem. Charleston

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Mode 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? _____

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

(b) Address Charleston, Missouri

19. (a) 4-23-1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 4-23-47

(Licensed Embalmer's Statement on Reverse Side)

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

Health Officer No. 4
District File Number 447-58
Date Filed 4-28-47

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 *John F. Nunlee Jr*
Licensed Embalmer No. 3851
P. O. Address *Charleston, 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.