No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 24560

FILED AUG 6 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6528

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Booth Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ weeks ( ) (Specify whether
In this community 1½ weeks
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County New Madrid 77 3

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

(d) Street No. — (If rural, give location) 1

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

If yes, name country

3. (a) PRINT FULL NAME Floy May Murphy

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Edward

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased February (Month) 6 (Day) - 1881 (Year)

8. AGE: Years 67 Months 5 Days 17 If less than one day ___ hr. ___ min.

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

10. Usual occupation house wife

11. Industry or business at Home

FATHER
12. Name Charles Simmons U
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Lewis
15. Birthplace Missouri U (City, town, or county) (State or foreign country)

16. (a) Informant Edmund Murphy
(b) Address Morehouse, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Charleston, Missouri

18. (a) Signature of funeral director John Allbritton
(b) Address Sikeston, Missouri

19. (a) JUL 24 1948 (Date received local registrar) (b) J. F. Bridack (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 23rd year 1948 hour 6:55 minute P M.

21. I hereby certify that I attended the deceased from July 13, 1948, to July 23, 1948, that I last saw h. w alive on July 23, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myocarditis, Chr | |
| Due to | |
| Due to Terminal Pneumonia | 3 days |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations Vaginal Plastic Cystocele op. | |
| 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 Fred V. Emmert (M. D. or other)

Address 508 N. Grand Date signed 7/23/48

(Licensed Embalmer's Statement on Reverse Side)

6528

## 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 L R Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

**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.**