

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

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1546

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 41

1. PLACE OF DEATH

(a) County Adair
 (b) City or town Arksville
(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 years, months or days)
 In this community Five years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair
 (c) City or town Arksville Mo 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 607 W. Pierce
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME ORLENA ALICE MURPHY

3. (b) If veteran, name war _____ No. _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 15 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>3</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Henrieville Ind
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

MOTHER FATHER {
 12. Name Thomas Wood
 13. Birthplace unk
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Bryant
 15. Birthplace unk
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Junior Miley
 (b) Address 507 W. Pierce Arkville, Mo

17. (a) Burial (b) Date thereof 2 5 41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Laclade Mo

18. (a) Signature of funeral director Summers and Fink
 (b) Address Arkville, Mo

19. (a) Feb 4/41 (b) Spencer L. Freeman
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
 year 1941 hour 2:00 am minute _____ M. _____

21. I hereby certify that I attended the deceased from Jan 31
 1941, to Feb 3 1941;
 that I last saw her alive on Feb 2 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Cholera Duration _____

Due to Cerebral Hemorrhage

Due to _____

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

Major findings: _____
 Of operations _____

Of autopsy unk

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)

3 While at work? _____ (e) Means of injury _____

23. Signature T. J. Gomer (M. D. or other) _____
 Address Arkville Date signed 2/4/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 2-41-382

Date Filed FEB 19 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.