

No. 2
13-40
17-39
X23139

FILED MAR 19 1941
Registration District No. 4063

Primary Registration District No. 4063

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Lillosourn
(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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Lillosourn 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mollie Jane Murphy

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 1941
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 1941 to Feb 25, 1941;
that I last saw her alive on Feb 25, 1941;
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race wh 6. (a) Single, widowed, married divorced, married

6. (b) Name of husband or wife F. M. Murphy 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased April 21, 1866
(Month) (Day) (Year)

Immediate cause of death: Embolic

Due to _____

Due to _____

Other conditions: AA
(Include pregnancy within 3 months of death)

8. AGE: Years 74 Months 10 Days 4 If less than one day
hr. _____ min. _____

Duration 3 days

Physician _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name J. C. Griffin

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

14. Maiden name Sullivan

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

16. (a) Informant Mrs. Wilton Henry

(b) Address Lillosourn, Mo.

17. (a) burial (b) Date thereof Feb. 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Park Cemetery

18. (a) Signature of funeral director J. N. Gibson

(b) Address Mound Park, Mo.

19. (a) Feb 27/41 (b) E. E. Jones
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature J. N. Gibson (M. D. 0)
Address Lillosourn Mo Date signed 2-28-41

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

RECEIVED

District Health Officer No. 2

District File Number 341-338

Date Filed 3/10/41

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.....

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address.....

Piggott ark

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.