

FILED MAY 10 1943

Registration District No. 833

Primary Registration District No. 3010

16
4

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

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: Southeast Mo. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)

In this community 5 Days

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Missouri (b) County Scott 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 10 Miles North of Sikeston
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Clifford Dean Murphy

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S 0

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

7. Birth date of deceased 5 23 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

2	10	10	hr. min.
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9. Birthplace Sikeston Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

12. Name Alonzo Murphy

13. Birthplace Logan Co. Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Maryetta Stovall

15. Birthplace Logan Co. Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Alonzo Murphy

(b) Address Morley Mo. R.F.D. # 1

17. (a) Burial (b) Date thereof 4/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston Mo.

19. (a) 4-13-43 (b) F.O. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3
year 1943 hour 11 minute _____ a.m.

21. I hereby certify that I attended the deceased from 3-29-1943 to 4-3-1943
that I last saw him live on 4-3-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Septicemic Shock

Due to Throat

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

Major findings: 115 f

Of operations _____

Of autopsy _____

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 0

23. Signature D. B. E. Errod (M. D. or other) _____
Address Cape Girardeau, Mo. Date signed 4-12-43

Duration 10x

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

RECEIVED

District Health Officer No. 4
District File Number 543-2189
Date Filed 5-7-43

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.....

Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Hunter Albritton.....

Licensed Embalmer No. 4210.....

P. O. Address Sikeston 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.