

V. S. No. 2
100M-2-43
Rev. 5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29232

State File No. _____

FILED SEP 8 1943
Registration District No. 346

Primary Registration District No. 6075-

Registrar's No. 304

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 yrs. 9 mos. 22
(Specify whether _____ days)

3. (a) PRINT FULL NAME ELIZABETH MURPHY
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 63 hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER {
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Mo

17. (a) Burial (b) Date thereof July 31, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Presbyterian Cemetery
18. (a) Signature of funeral director Benjamin Ford Co
(b) Address Booneville Mo

19. (a) Aug. 2, 1943 (b) Byrdia Burkmaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Pevely
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month July day 30,
year 1943 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 1, 1925, to July 30, 1943, 19____;
that I last saw her alive on July 30, 1943, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death chronic Myocarditis
Due to _____
Due to Psychia
Other conditions Psychia
(Include pregnancy within 3 months of death)

Major findings:
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)
Means of injury _____
23. Signature Byrdia Burkmaster (M. D. or other)
Address State Hosp No. 4 Date signed 7/31/43

Duration 1 yr.
PHYSICIAN 20 yrs
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 943-2655
Date Filed 9-7-83

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

C. J. Claywell

Licensed Embalmer No.

3706

P. O. Address

Bound Brook, N.J.

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.