

BUROAU OF THE CENSUS
FILED MAR 11 1944

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Iantha
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LIZZIE LENORE MURPHEY

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 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 April 19, 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Montgomery Co., Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Practical Nurse

11. Industry or business _____

12. Name George W. Murphey

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

14. Maiden name Lizzie McConnell

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

16. (a) Informant Charence Murphey

(b) Address Iantha, Missouri

17. (a) Burial (b) Date thereof 2-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Feb. 15 '44 (b) Elizabeth Coupline
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13, year 1944 hour 3:25 minute A. M.

21. I hereby certify that I attended the deceased from 2-11, 1944 to 2-13, 1944
that I last saw him alive on 2-13 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration (8)

Due to _____

Due to _____

Other conditions (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) (e) Means of injury _____

23. Signature W. Boyd (M. D. or other) _____

Address Carthage Mo Date signed 2-14-44

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

49
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3

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