V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40693

FILED JAN 5 1946

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 363

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 611 Poplar St. /
(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 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")
(d) Street No. 611 Poplar 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Betty Murphy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 19 (Day) 1945 (Year)

8. AGE: Years 75 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Shelbina (City, town, or county) Mo (State or foreign country) /
10. Usual occupation Housewife.
11. Industry or business
FATHER
12. Name Neah Sidner
13. Birthplace Paris (City, town, or county) Ky (State or foreign country) /
MOTHER
14. Maiden name Mary Davis
15. Birthplace Paris (City, town, or county) Ky. (State or foreign country) /
16. (a) Informant Mrs. Raymond Conway
(b) Address Shelbina, Mo.
17. (a) Removall (Burial, cremation, or removal) (b) Date thereof 12/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation Monroe City, Mo
18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.
19. (a) 12-17-45 (Date received local registrar) (b) RH Menefree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16 year 1945 hour 2 minute 50 P. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxiation	
Due to Acute Cardiac disease	
Due to pneumonia Hypostatic	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 2	
Of autopsy 950	

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

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)
While at work (e) Means of injury
23. Signature L. L. Markel M.D. (M. D. or other)
Address Poplar Bluff Mo Date signed 12-14-45

1422

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 146-3428
Date Filed 1-3-46

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 Wallace M. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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.