

1. PLACE OF DEATH:

(a) County Washburn  
 (b) City or town New Madrid Marshall Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Mo. State School 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Since 1913  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME

Aurilla 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 0

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 1909  
 (Month) (Day) (Year)

8. AGE: Years 38 Months - Days - If less than one day hr. - min. -

9. Birthplace New Madrid Co. (City, town, or county) (State or foreign country) 0

10. Usual occupation Patent

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Geo F. Murphy - 9

13. Birthplace no record (City, town, or county) (State or foreign country)

14. Maiden name no record - 9

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

16. (a) Informant Records Mo. State School  
 (b) Address Marshall, Mo.

17. (a) burial (burial, cremation, or removal) (b) Date thereof 8/27/47  
 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. State School

18. (a) Signature of funeral director J. Leslie Jennings  
 (b) Address 744 North 1st St. St. Louis, Mo.

19. (a) Aug 25 47 (Date served local registrar) (Registrar's signature) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid Co.  
 (c) City or town New Madrid Edison 97  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1947 hour \_\_\_\_\_ minute 7:55 P.M.

21. I hereby certify that I attended the deceased from 1942 19 \_\_\_\_\_ to 1947 19 \_\_\_\_\_  
 that I last saw her alive on Aug 23 - 47 19 \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
shot - Blind -

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy 9/26

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature L. S. James M.D. (M. D. or other) 0  
 Address Marshall, Mo. Date signed Aug 23 47

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-24-47

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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 J. Lullie Surrency  
Licensed Embalmer No. 3235  
P. O. Address Marshall 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.