No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6810
Registrar's No. 1369

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 69 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Indiana (b) County Vigo 999
(c) City or town Terre Haute 12
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. Rural Route #3 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Harriet Etta Murphy
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 Married
6. (b) Name of husband or wife Frank H. Murphy
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased January (Month) 5 (Day) 1872 (Year)

8. AGE: Years 76 Months 1 Days 2 If less than one day hr. min.
9. Birthplace Switzerland County Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
MOTHER FATHER
12. Name Newton Seymour
13. Birthplace Switzerland County Indiana (City, town or county) (State or foreign country)
14. Maiden name Jennie Lee
15. Birthplace Switzerland County Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Frank H. Murphy
(b) Address Terre Haute, Indiana
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Terre Haute, Indiana
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) FEB 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7 year 1948 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from December 1, 1947 to February 7, 1948; that I last saw her alive on February 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aplastic anemia	1 yr.
Due to	
Due to	
Other conditions Lobar pneumonia (Include pregnancy within 3 months of death)	2 wks

Major findings:
Of operations
Of autopsy Lobar pneumonia
Hypocellular marrow

PHYSICIAN
Underline the cause of 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 A U
23. Signature R. M. Counts (M. D. or other)
Address Barnes Hospital, Date signed

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

1369

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 Elmer R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

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.