

REC'D DEC 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38283
Do not use this space.

1. PLACE OF BIRTH

(a) County Jackson 1 Registration District No. 399
(b) Township Kaw 2 Primary Registration District No. 1092 Registered No. 4517
(c) City Kansas City (d) Street No. St. Marys Hospital St. Mo.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 611 Thomas Murphy St. Atchison, Mo.
153 1/2 So 3rd Atchison Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Margaret Whalen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 75 unk.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Rail Road
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1/20 1933 11. Total time (years) spent in this occupation 25
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
13. NAME Patrick Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
Unknown
Ireland
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown
17. INFORMANT (ADDRESS) W. L. Murphy
Atchison, Kansas
18. BURIAL, CREMATION, OR REMOVAL PLACE Atchison, Mo. DATE Nov. 21, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Haniff & Buis
Atchison, Mo.
20. FILED Nov 20 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21, 1938
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on 11-19, 1939 Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:
Benign hypertrophy of prostate
Memoria | 37 Date of onset
Other contributory causes of importance:
Name of operation Excision of Prostate Date of 11-16-38
What test confirmed diagnosis? _____ Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) L. Lee Hoffman, M. D.
(Address) Kansas City

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,

Leslie S. Hubbard

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Leslie S. Hubbard

Licensed Embalmer No.....

3550

P. O. Address.....

Atchison, 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, above space should be left blank.