

APR 17 1939

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

9616

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1222
(c) City Kansas City (d) Street No. 24th Elmwood (Ashland Theatre) St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Emmett MURPHY.

(a) Residence, No. 3910 E. 24th Street. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mattie Murphy.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/11/1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 5 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as saw mill, bank, etc. K.C. Water Dept.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Missouri

FATHER 13. NAME Daniel Murphy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Lizzie Knight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Miss Margaret Murphy
Chevy Chase, Maryland

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 3/21/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Melody-McGilley.
K. C. Mo.

20. FILED Mo. No. 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18-39 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____.

I last saw him alive Deputy Coroner on _____, 19____. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
Acute Coronary occlusion
Acute myocardial infarction
Other contributory causes of importance:
Rupture of the heart
Hemopericardium

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 _____ M. D.
(Signed) Deputy Coroner
(Address) K. C. Mo.

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.....

Licensed Embalmer No.....

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, above space should be left blank.