

REC'D JUN 8 1939

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

17791
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 6205 Rockhill Rd. Registered No. 2193
 (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

Mr. William MURPHY
 (a) Residence, No. 6205 Rockhill Rd. St.
 (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 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. Elizabeth Murphy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1860.
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
78 2 5
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman
 9. Industry or business in which work was done, as saw mill, bank, etc. Pipe Line
 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) New York.
 FATHER 13. NAME John Murphy.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 MOTHER 15. MAIDEN NAME Mary McLaughlin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Elizabeth Murphy.
 (ADDRESS) 6205 Rockhill Rd.
 18. BIRTHPLACE, OCCUPATION, OR REMOVAL PLACE Humboldt Kansas DATE 5/27/39.
 19. FUNERAL DIRECTOR Melody-McGilley.
 (ADDRESS) K. C. Mo.
 20. FILED May 26, 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1939. 19
 22. I HEREBY CERTIFY, That I attended deceased from March 16 1938, to May 22 1939
 I last saw him alive on May 22 1939 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
general arteriosclerosis
 Date of onset
 Other contributory causes of importance:
Myocardiosis
Heart block.
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) M. J. Gemreiter M. D.
 (Address) 709 E 62 KC Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARON RESERVED FOR BINDING

V. 5, NO. 2, 50M-7-20-37 I X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)