

FILED MAR 11 1940
399

Registration District No.

Primary Registration District No. **1002**

I. PLACE OF DEATH:

(a) County **Jackson**
Kansas City
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
Life (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Miss Annie J. Murphy**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased **July 4, 1868**
(Month) (Day) (Year)

8. AGE: Years **71** Months **7** Days **10** If less than one day
hr. min.

9. Birthplace **Weston, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Shirt Maker**

11. Industry or business **Grant Shirt Shop**

12. Name **Daniel Murphy**

13. Birthplace **County Kerry, Ireland** (City, town, or county) (State or foreign country)

14. Maiden name **Margaret O'Leary**

15. Birthplace **County Kerry, Ireland** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs W.D. Gist**

(b) Address **4020 Morrell Ave**

17. (a) **Burial** (b) Date thereof **Feb 16, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Marys Cemetery**

18. (a) Signature of funeral director **Thomas B. Quirk**
4316 Troost Ave.

(b) Address

19. (a) **Feb. 14, 1940** (b) **M.M. Crause**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
Kansas City
(c) City or town **0**
(If outside city or town limit, write "RURAL")
3522 East 6th St
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **14th**
year **1940** hour **7.05 A.** Minute **M.**

21. I hereby certify that I attended the deceased from **Feb 13**
1940 to **Feb 14** **1940**
that I last saw her alive on **Feb 13** **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Thrombosis**

Duration **20 hours**

Due to **94%**

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy **Acute Coronary Thrombosis with hemorrhage into cavity of heart**

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) Means of injury **1**

23. Signature **John G. Laph** (M. D. or other) **J. A.**

Address **1314th Professional Bldg** Date signed **2/14/40**

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

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

Thomas Jewell

Licensed Embalmer No.

3775

P. O. Address

R.O. 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.)

If this body is not embalmed, above space should be left blank.