

No. 2
1-4-41
5-17-39

Registration District No. 7 1941

Primary Registration District No. 1002

Registrar's No. 2479

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4430 Pennsylvania Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4430 Pennsylvania Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary Teresa 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 Widowed

6. (b) Name of husband or wife Michael T. Murphy

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

7. Birth date of deceased September 1, 1875
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>65</u> | <u>9</u> | <u>28</u> | hr. _____ min. |

9. Birthplace Brimfield Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business --

MOTHER FATHER { 12. Name James Boylan

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Delaney

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant M. J. Murphy

(b) Address 4430 Penn

17. (a) Burial (b) Date thereof July 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount St. Mary's Cemetery

18. (a) Signature of funeral director O. H. Newcomb's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 30/41 (b) M. M. Crane
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1941 hour 5 minute 05P.M.

21. I hereby certify that I attended the deceased from 10-26-1936
19____, to 6-29-1941
19____

that I last saw h. et alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism (Duration (instant))
most probable

Due to Old Mitral Valve Disease with (specify)
Aortic Disease - and resulting
Due to supraventricular fibrillation for 4 1/2 yrs

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN _____
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature W. A. Myers (M. D. or other) _____
Address Kansas City Date signed 7/30/41

Dr. W. A. Meyer
Sherwood Bldg
2-430

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 George M. Collier
Licensed Embalmer No. 3839
P. O. Address T. C. 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, fact should be so stated above.