

FILED MAR 16 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 910

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2614 Spruce Ave /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2614 Spruce (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME Mrs Anna E. 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 Owen T Murphy

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

7. Birth date of deceased November 4 1871  
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 30 If less than one day hr. min.

9. Birthplace County F Ireland  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

12. Name Robert Moore

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

14. Maiden name Unkown

15. Birthplace Unkown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Gene Murphy

(b) Address 2614 Spruce Ave

17. (a) Burial (b) Date thereof 3-6-42-  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri.

19. (a) 3-6-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd  
year 1942 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from April 1941, to Mar 3rd 1942  
that I last saw h EA alive on Mar 3rd 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Chronic Myocarditis

Due to 930

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

Duration  
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? .....

While at work? (Specify type of place) (Specify means of injury)

23. Signature John E. Kavanaugh (M. D. or other) .....

Address 491 E. 2nd St Date signed 3/6/42

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.....  
Licensed Embalmer No. 2285  
P. O. Address.....  
FC

**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.**