S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20380

State File No.

Registration District No. 397 Primary Registration District No. 1002 Registrar's No. 2542

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: Trinity Lutheran Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community unk.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4509 East 9th street 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Marshall Murphy

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nadine Murphy

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Sept. (Month) 9th, (Day) 1912 (Year)

8. AGE: Years 29 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Edgerton, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation United States Army

11. Industry or business

FATHER
12. Name William H. Murphy
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Helen M. Phillips
15. Birthplace Wellsville (City, town, or county) Kansas (State or foreign country)

16. (a) Informant William H. Murphy
(b) Address Edgerton, Kansas

17. (a) ~~Burial~~ (~~Burial, cremation, or~~ removal) (b) Date thereof 7-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation Wellsville, Kas.

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd st. K. C. Mo.

19. (a) 7/5/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5 year 1942 hour 2:55 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Crushing injury of the Chest Left hemothorax

Due to Automobile traumatism

Due to

Other conditions (Include pregnancy within 3 months of death) 170A-6

Major findings: Of operations 23

Of autopsy see above

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) Accident 123

(b) Date of occurrence 7/1/42

(c) Where did injury occur? near Edgerton, Kansas. Johnson Co. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? (e) Means of injury Car was struck by train

23. Signature [signature] (M. D. or other)

Address K. C. Mo. Date signed 7/5/42

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(Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Signed Clarence W Chiles

Licensed Embalmer No. 3473

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.