V. S. No. 2
OM—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 MAR 20 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9214

State File No.

Registration District No. 149

Primary Registration District No. 100x

Registrar's No. 1198

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: 1220 East 59th Street. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community: 54 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson

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

(d) Street No.: 1220 East 59th Street. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country: 0

48
0
0

3. (a) PRINT FULL NAME: Mrs. Mary Ellen, Murphy.

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: F'e

5. Color or race: Wh

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

6. (b) Name of husband or wife: Thomas Joseph Murphy

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: Aug. 10, 1888 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	6	27	hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Jerome Donnelly

FATHER 13. Birthplace: Ireland (City, town, or county) 4 (State or foreign country)

MOTHER 14. Maiden name: Mary Ellen Classen

MOTHER 15. Birthplace: Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Mrs. John H. Moffitt

(b) Address: 1220 East 59th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-10-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Thos. E. Quirk

(b) Address: 4316 Troost

19. (a) 3/9/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 7 year: 1943 hour: 2 minute: 58 P.M.

21. I hereby certify that I attended the deceased from: 2-19, 1943 to: 3-7, 1943 that I last saw him alive on: 3-6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Embolism of abdominal aorta — Duration

Due to: Auricular Fibrillation

Due to: Hypertensive Heart Disease

Other conditions (Include pregnancy within 3 months of death): 9 2 A 2 N

Major findings: Of operations:

Of autopsy:

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) (e) Means of injury: 0

23. Signature: George C. Lee (M. D.)

Address: 1630 Prof. Bldg. Date signed: 3/8/43

(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.....

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

working under my personal supervision.

Signed Thomas E. Quirk

Licensed Embalmer No. 3775

P. O. Address K. 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.