

S. No. 2
OM-2-43
5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13330

State File No. _____

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

FILED MAY 5 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1258

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:
Crestwood Convalescent Home-2700 Tracy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months

In this community 50 Years (Specify whether 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. 3540 Woodland Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Lucy Alice Murphy

3. (b) If veteran, name war No

3. (c) Social Security None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. John W. Murphy

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

7. Birth date of deceased April 1 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>0</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Carlos Roker

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

14. Maiden name Anetta Earl

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

16. (a) Informant Mrs. L. R. Snodgrass

(b) Address 3442 Woodland

17. (a) Burial Burial (b) Date thereof Apr. 20, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-19-43 (b) M. N. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1943 hour 6 minute 40 A. M.

21. I hereby certify that I attended the deceased from March 4
1943 to April 17, 1943
that I last saw her alive on April 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism Duration 1 day

Due to _____ 935

Due to _____

Other conditions Chronic Myocarditis 2 mo
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? _____

23. Signature Kenneth C. Davis (Specify type of place) (e) Means of injury
201 Plaza Theatre Bldg (M. D. or other)
Address signed 4-17-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

561

201 0000
Alvina Bell

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 *H. C. Newcomer Jr.*

Licensed Embalmer No. 4243

P. O. Address *H. C. Newcomer Jr.*

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.