

No. 2  
-2-43  
-17-39  
X38697

FILED FEB 28 1949  
Registration District No. 749

Primary Registration District No. 1002

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: Conley Hosp. 0  
(If not in hospital or institution, write street number or location)

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

In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. County Johnson

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Murphy

3. (b) If veteran, name war No

5. (c) Social Security No. No

4. Sex F 5. Color or face w

6. (a) Single  widowed  married  divorced 2

6. (b) Name of husband or wife T. C.

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

7. Birth date of deceased 1 10 1846  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>97</u>	<u>11</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Lessburg Ohio 1  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name unknown

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.O. Murphy

(b) Address 6042 Harrison

17. (a) Burial (b) Date thereof 1-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chilhowee, Mo.

18. (a) Signature of funeral director Fred Wilkerson

(b) Address Clinton Mo.

19. Jan 7 1949 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6  
year 1944 hour 10 minute 29 P.M.

21. I hereby certify that I attended the deceased from Dec 21 1944, to Jan 6 1944; that I last saw her alive on Jan 6 1944; and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure

Due to senility

Due to Influenza

Other conditions 33a  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

Accepted: The (Specify type of place)  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Paul E. Forney (M. D. or other) DO  
Address 6226 E. 15th - K.C. Mo. Date signed 1-6-44

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**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.....

P. O. Address.....

**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.**