

S. No. 2  
OM-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

123023

FILED AUG 9 1944 49

State File No. 3067  
Registrar's No.

Registration District No. 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:  
K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 65 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3409 Benton  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country ?

3. (a) PRINT FULL NAME Joseph Murphy  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 23  
year 1944 hour 9 minute 40 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 31st 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 20, 1944, to July 23, 1944, that I last saw him alive on July 23, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 5 Days 22 If less than one day hr. min.

Immediate cause of death Carcinoma of tongue Duration  
Bronchopneumonia  
Due to \_\_\_\_\_  
Due to 45  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy See above

MOTHER FATHER  
9. Birthplace Independence MO  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Railroad Man  
11. Industry or business \_\_\_\_\_  
12. Name Dennis Murphy  
13. Birthplace unknown Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Shelton  
15. Birthplace unknown Ireland  
(City, town, or county) (State or foreign country)  
16. (a) Informant Katherine Murphy  
(b) Address 3409 Benton Blvd  
17. (a) Burial (b) Date thereof 7-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St Marys Cemetery  
18. (a) Signature of funeral director Melody McElroy  
(b) Address K. C. Mo.  
19. (a) 7-25-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

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? U. E. Fisher (Specify type of place) (a) Cause of injury \_\_\_\_\_  
23. Signature U. E. Fisher (M. D. at office) 7-24-44  
Address Med. Dir. Gen'l Hosp. Date signed \_\_\_\_\_

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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..... *Russell N France* .....

Licensed Embalmer No. *4255* .....

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.**