V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26795

Registration District No. 149 Primary Registration District No. 1062 Registrar's No. 3354

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3441 Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 39 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3441 Main St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Noreen DONOHUE (MURPHY)

3. (b) If veteran, name war No

3. (c) Social Security No. 496-03-5475

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 11th (Day), 1906 (Year)

8. AGE: Years 37 Months 11 Days 0 If less than one day hr. min.

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

10. Usual occupation President Rosary

11. Industry or business Flower Shop Inc.

FATHER
12. Name E. D. Ellsworth
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary T. Mullins
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. John P. McGonigle
(b) Address 1218 West 39th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.

19. (a) 8-14-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1944 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from April 30, 1942, 19 to 8-11-44, 19; that I last saw her alive on 8-11-44, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Periportal cirrhosis	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Periportal cirrhosis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Graham Owens (M. D. or other)

Address 906 Grand, K.C. Mo. Date signed 8-12-44

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(Licensed Embalmer's Statement on Reverse Side)

Dr. M.J.Owens
Rialto Bldg.
906 Grand Ave.

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. 7799

P. O. Address..... KC

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.