. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1945

Registration District No. 749

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 15995

Registrar's No. 2172

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: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Days (Specify whether years, months or days)
In this community: 40 yeras

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.: 412 West 33rd Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Frank J. MURPHY
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: 495-05-0302.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mary K. Murphy
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January 14th, 1880 (Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 3 If less than one day hr. min.

9. Birthplace: Creston, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: Manager Factory Rep.
11. Industry or business: Huntley Mfg. Co.

FATHER
12. Name: John Murphy
13. Birthplace: Unknown Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Julia Walsh
15. Birthplace: Burlington, Virginia (City, town, or county) (State or foreign country)

16. (a) Informant: Miss Loretta Murphy, Dau.,
(b) Address: 5311 Virginia, K.C.Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/19/45. (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: 1800 Linwood, K.C.Mo.
19. (a) 5/19/45. (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1945 hour minute M.
21. I hereby certify that I attended the deceased from May 14 1945, to May 17th 1945, that I last saw him alive on 5-17- 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Coma

Due to:

Due to:

Other conditions: Arterio Schlerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: yes

Duration

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: H. A. Owens (M. D. or other) MD
Address: 1034 Rialto Bldg Date signed 5-18-45

(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.....

Licensed Embalmer No. 2999

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.