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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29816

FILED SEP 25 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3768

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: Research Hospts.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 WK. (Specify whether
In this community 1 WK.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24

(c) City or town North Kansas City Mo 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2028 Erie St. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Charles Omer Murphy

3. (b) If veteran, name war no.

3. (c) Social Security No. 496-26-3835

4. Sex M O

5. Color or race Wht

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

6. (b) Name of husband or wife Mrs Bertha Fleming Murphy

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June (Month) 22 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	2	16	hr. min.

9. Birthplace Platte Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business Salesman

FATHER
12. Name James C. Murphy
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Francis Alvis
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Bertha F Murphy
(b) Address 2028 Erie North Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ridgeley Mo

18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City Mo

19. (a) 9-11-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1945 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-31-45, 19 to 9-8, 1945 that I last saw him alive on 9-7-45, 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal Pneumonia	2 days
Due to Cerebral Thrombosis	1 WK.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 108
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 [signature] (M. D. or other) M.D.
Address N.K.C. Mo Date signed 9-10-45

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1955

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 John S Morton

Licensed Embalmer No. 4349

P. O. Address Norwalk

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.