No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23729

FILED JUL 31 1946

Registration District No. 144 Primary Registration District No. 1002 Registrar's No. 2980

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. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1½ days (Specify whether years, months or days)
In this community 44 years

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.: 7 West 62nd Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: DAVID ANDREW MURPHY
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Ma
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Alice Murphy
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: March (Month) 27 (Day) 1876 (Year)

8. AGE: Years 70 | Months 3 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace: Juneau (Dodge County) Wis. (City, town, or county) (State or foreign country)
10. Usual occupation: Law Partner
11. Industry or business: Harding, Murphy & Tucker

MOTHER FATHER
12. Name: Thomas Murphy
13. Birthplace: Canada (City, town, or county) (State or foreign country)
14. Maiden name: Margaret Hogan
15. Birthplace: Wisconsin (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mary Alice Murphy
(b) Address: 7 West 62d Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 7-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1946 hour 5:00 minute P.M. A.M.

21. I hereby certify that I attended the deceased from July 3, 1946, to July 6, 1946, that I last saw him alive on July 6, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary thrombosis	3 days
Due to: Arteriosclerosis of coronary arteries.	Several years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 94a	
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: Joseph Everett M.D. (M.D. or other)
Address: 836 Prof. Bldg. Kansas City Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

Proof
11-6087

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, M

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.