

3. No. 2  
4-5-43  
5-17-39  
1 X36671

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: St. Joseph Hospital

(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2 weeks

In this community as above

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 108

(c) City or town Nevada

(d) Street No. Rural - R. F. D. #2

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

If yes, name country X

3. (a) PRINT FULL NAME John Quincy Murphy

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

3. (c) Social Security No. no.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mrs. Goldie May Murphy

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 1 1881

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>6</u>	<u>11</u>	<u>9</u> hr. <u>min.</u>

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

10. Usual occupation Farmer

11. Industry or business farm

MOTHER FATHER

12. Name Frank Murphy

13. Birthplace unknown, (City, town, or county) (State or foreign country)

14. Maiden name unknown,

15. Birthplace unknown, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Goldie May Murphy

(b) Address R. #2, Walker, Mo.

17. (a) removal (b) Date thereof 10-12-46

(c) Place: burial or cremation Nevada, Missouri

18. (a) Signature of funeral director Stins & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-15-46 (b) Etheldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12

year 1946 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept 27

1946 to Oct 12 1946

that I last saw him alive on Oct 12 1946

and that death occurred on the date and hour stated above.

Immediate cause of death Postoperative delayed shock

Renal failure

Cardiac

Due to Prostatic Hypertrophy & Urinary obstruction

Due to 1370

Other conditions (Include pregnancy within 3 months of death)

Major findings: Prostatic Hypertrophy

Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature F. E. Miller (M. D. or other)

Address 1019 Professional Bldg. Date signed 10-14-46

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

*Prof. Bledg*

Dr. R. Lee Hoffman

NOV 12 1946

NOV 27 1946

NOV 19 1946

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 *Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address *NC 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.