

FILED APR 23 1947

Primary Registration District No. 1001

Registrar's No. 1614

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:  
3732 Troost Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)  
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3732 Troost Avenue  
(If rural, give location) 8  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lottie E. MURPHY

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 10, 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Dressmaker

11. Industry or business Self

12. Name John A. Murphy

13. Birthplace Unknown Unknown 7  
(City, town, or county) (State or foreign country)

14. Maiden name Lottie E. Strall

15. Birthplace Cicero New York /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha S. Owen

(b) Address 3711 Garfield, K.C., Mo.

17. (a) Removal (b) Date thereof 4-9-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cottonwood Falls, Ks.

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 4-8-47 (b) Shiraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1947 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from Oct. 1946 to Apr. 6, 1947

that I last saw her alive on Apr 6, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Breast 3 yrs. metastases

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 0

23. Signature J. P. Cochran (M. D. or other) \_\_\_\_\_

Address 200 plaza med bldg Date signed 4/8/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. J. J. Cochran

Plaza Med. Bldg.

No. 3150

(About 2:00 PM  
today)

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 Glenn J. Meek

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.