

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17389

State File No.

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2276**

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

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:
520 W. 12th. St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) **45 years**

3. (a) PRINT FULL NAME **Cecelia Marie Dunphy**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **495-05-5313**

4. Sex **female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **single**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **August 5, 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 9 18 hr. min.

9. Birthplace **Grand Island Nebraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **saleswoman**

11. Industry or business **Kline's Store**

MOTHER FATHER

12. Name **Patrick Dunphy**

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

14. Maiden name **Mary Grace**

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

16. (a) Informant **Mrs. Mary A. Gasaway**

(b) Address **520 W. 12th. St.**

17. (a) removal **(b) Date thereof** **5-26-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grand Island, Nebr.**

18. (a) Signature of funeral director **Melody-Mc Gilley-Eylar**

(b) Address **Kansas City, Mo.**

19. (a) 5-24-47 **Alvaldie Holmes**
(Date received local registrar) (Registrar's signature)

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. **520 W. 12th. St.**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23**
 year **1947** hour **7** minute **A.** M.
21. I hereby certify that I attended the deceased from **Dec. 27**
1946 to **May 23** **1947.**
 that I last saw **her** alive on **May 23** **1947.**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic heart disease **5 yrs.**
 Due to **hypertensive cardio vascular disease** **8 yrs.**

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **93**
 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 **Herbert Shuey** (M. D. or other) **M.D.**
 Address **3903 Brooklyn** Date signed **5-24-47**

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.....

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.