S. No. 2
DM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1947

Registration District No. 147

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24309

Primary Registration District No. 1002

Registrar's No. 3243

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: 4112 WABASH
(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)
In this community 57 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 47
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4112 WABASH 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME NOEMIE Z. 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 MARRIED

6. (b) Name of husband or wife PATRICK J. MURPHY

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased MARCH (Month) 2 (Day) 1890 (Year)

8. AGE: Years 57 Months 4 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name HENRY J. RODE
13. Birthplace NEW ORLEANS (City, town, or county) LOUISIANA (State or foreign country)

MOTHER
14. Maiden name VICTORIA FLUREY
15. Birthplace NEW ORLEANS (City, town, or county) LOUISIANA (State or foreign country)

16. (a) Informant MRS. ALBERT FARRINGTON
(b) Address 4112 WABASH

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director J. F. O'Donnell
(b) Address 3256 BROADWAY

19. (a) 8-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 31 year 1947 hour 5 minute 4 A.M.

21. I hereby certify that I attended the deceased from March 29, 1947, to July 30, 1947, that I last saw her alive on July 31, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Liver	5 mos
Due to: Generalized carcinomatosis	5 mos
Due to: Primary carcinoma of gall bladder	5 mos
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Carcinoma of liver and gall bladder.
Of autopsy: Denied

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 James E. Eyler M.D. (M. D. or other)
Address 20 East 39th Date signed 8-1-47

(Licensed Embalmer's Statement on Reverse Side)

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K C 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.