S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1947

Registration District No. 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27854

Registrar's No. 3295

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: General Hosp. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-29-47 - 8-3-47 (Specify whether years, months or days)
In this community 39 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.: 3543 Wayne 8
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: BART J. MURPHY
3. (b) If veteran, name war: ----no----
3. (c) Social Security No.: unknown 495-14-4568
4. Sex: M O
5. Color or race: W
6. (a) Single, widowed, married, divorced: Div.
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept. (Month) 16 (Day) 1888 (Year)
8. AGE: Years 58 Months 10 Days 17 If less than one day hr. min.
9. Birthplace: Limerick County, Ireland 4 (City, town, or county) (State or foreign country)
10. Usual occupation: Janitor
11. Industry or business:
MOTHER FATHER
12. Name: Maurice Murphy
13. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)
14. Maiden name: Dannaker, Catherine
15. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Mary Davis
(b) Address: 5502 E. 20th KCMo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cem.
18. (a) Signature of funeral director: Roland R. Speaks
(b) Address: Independence, Missouri
19. (a) 8-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 3 year 1947 hour 11 minute 40 a. M.
21. I hereby certify that I attended the deceased from 7-29, 1947, to 8-3, 1947, that I last saw him alive on 8-3, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac failure with acute pulmonary edema	
Due to:	
Due to: Hypertensive heart disease	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93 d	
Of autopsy: As above	

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature: Wm W. Hart (M. D. or other) M.D.
Address: Gen. Hosp. #1 Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 25 1964

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 Roland R. Spencer

Licensed Embalmer No. 3204

P. O. Address Independence 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.