S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41827

FILED DEC 26 1947

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 5241

WRITE PLAINLY—USING 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: General Hospital No. 1 ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2948 E. 30th 0
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME STANLEY NEAL 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 single ()

6. (b) Name of husband or wife x

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

7. Birth date of deceased April (Month) 30 (Day) 1886 (Year)

8. AGE: Years 61 | Months ~~6~~ 7 | Days ~~12~~ 11 | If less than one day ..... hr. ..... min. ()

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

10. Usual occupation Dependent

11. Industry or business x

FATHER
12. Name W. D. Murphy
13. Birthplace Missouri ()
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mattie Davis
15. Birthplace Missouri ()
(City, town, or county) (State or foreign country)

16. (a) Informant Paul C. Murphy
(b) Address 4441 Benton, Kansas City, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury, Missouri

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
year 1947 hour 10 minute 20 AM.

21. I hereby certify that I attended the deceased from December 6, 1947 to December 11, 1947 that I last saw him alive on December 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Vascular Accident	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

830

Major findings:
Of operations

Of autopsy None

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)

While at work? (e) Means of injury ()

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. General Hosp. #1 Date signed 12-11-47

Jefferson City Printing Co.

(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 J. Elvis Shepard

Licensed Embalmer No. 4179

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.