

FILED JUL 29 1948

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jackson County Home for the Aged  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 - years, 3 mo  
In this community 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Murphy

3. (b) If veteran name war NO 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive years

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years About 65 Months Days If less than one day hr. min.

9. Birthplace New London, MO (City, town, or county) (State or foreign country)

10. Usual occupation L.A.B.O.R.

11. Industry or business

12. Name Dr. J. N. O. W. 9

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

14. Maiden name

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

16. (a) Informant Jackson County Home records

(b) Address Prinial. Paits. H. L.

17. (a) Anatomical (b) Date thereof 7-14-1948 (Month) (Day) (Year)

(c) Place: burial or cremation K. C. Osteopathic School

18. (e) Signature of funeral director Brady - Brennan

(b) Address 1708 Tracy Ave.

19. (a) JULY 14, 1948 (Date received local registrar) (b) Small C. E. ... (Registrar's signature) 270

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. Lees Summit Rd  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 18 year 1948 hour 8 minute a M.

21. I hereby certify that I attended the deceased from July 7<sup>th</sup> 1948 to July 14, 1948 that I last saw him alive on July 14, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death hypertension (chronic) Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 137 B

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

23. Signature S. W. Grifflis (M. D. or other) 7-15-48  
Address Independence, Mo. Date signed

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

MOTHER FATHER

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**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.....

L. J. Herdick, Jr.  
Licensed Embalmer No. 3388

P. O. Address..... K.C. 240

**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.**