

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1361
215

| | | | | | | | | | | | | | | |
|--|--|---|--|--|---------------------------|---|-----------|---|--|--|--|---------------------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>60 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | | | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>118 No Brighton</u> | | | | d. STREET ADDRESS (If rural, give location) <u>118 No Brighton</u> | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>MARY</u> | | | a. (First) | | b. (Middle) <u>MURPHY</u> | | c. (Last) | | | | | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>1 14 49</u> | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Wh</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>2/5/1867</u> | | | | | | |
| 9. AGE (In years last birthday) <u>81</u> | | IF UNDER 1 YEAR Months Days Hours Min. <u>3 2 0</u> | | IF UNDER 1 YEAR Hours Min. _____ | | 11. BIRTHPLACE (State or foreign country) <u>County Cork, Ireland 4</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | 13a. FATHER'S NAME <u>James Murphy</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Bridget Foaley</u> | | | 14. NAME OF HUSBAND OR WIFE <u>--</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>no</u> | | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J J Murphy, 2242 Poplar, K. C. Mo.</u> | | | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | | | | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) _____ | | | | DUE TO (c) _____ | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 420.1 | | | | | | | | | | |
| 19a. DATE OF OPERATION _____ | | | 19b. MAJOR FINDINGS OF OPERATION <u>Deputy Coroner</u> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21f. HOW DID INJURY OCCUR? <u>3</u> | | | | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | | | | | | |
| 23a. SIGNATURE <u>A. E. Upsher</u> | | | | | | 23b. ADDRESS <u>Mo 2800 Main</u> | | | 23c. DATE SIGNED <u>1/15/49</u> | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | | 24b. DATE <u>1/18/49</u> | | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cem.</u> | | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>1-17-49</u> | | | REGISTRAR'S SIGNATURE <u>Geraldine Helmes</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John P. Sheil, Kansas City, Mo.</u> | | | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

STATEMENT BY LICENSED EMBALMER

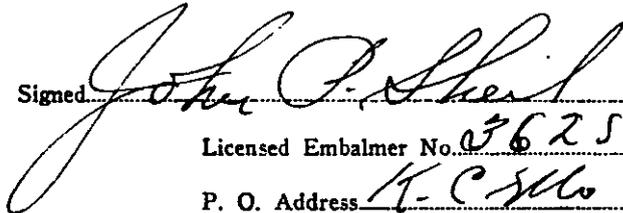
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 3625

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.