

FILED JUN 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. **16881**
2282

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2282

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

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 39 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		OR TOWN 3920
d. FULL NAME OF HOSPITAL OR INSTITUTION 1432 BOARD OF TRADE BLDG			d. STREET ADDRESS (If rural, give location) 501 WEST 72ND STREET		

3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) A. c. (Last) MURPHY			4. DATE OF DEATH (Month) (Day) (Year) MAY 19 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 22, 1880	9. AGE (In years last birthday) 69 YRS	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BROKER		10b. KIND OF BUSINESS OR INDUSTRY GRAIN	11. BIRTHPLACE (State or foreign country) CHICAGO, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN MURPHY		13b. MOTHER'S MAIDEN NAME JULIA		14. NAME OF HUSBAND OR WIFE MRS. JANE MURPHY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. JANE MURPHY 501 W. 72 ST. K.C. MO	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis			INTERVAL BETWEEN ONSET AND DEATH 4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		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?		

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 **12:15P** m., from the causes and on the date stated above.

23a. SIGNATURE HUGH H. OWENS (Degree or title)		23b. ADDRESS 1034 Park Blvd	23c. DATE SIGNED 5-19 50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 22 1950	24c. NAME OF CEMETERY OR CREMATORY NEWCOMER'S VAULTS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 5-20-50		REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE H. Newcomer ADDRESS 1331 BRUSH CREEK Blvd KANSAS CITY, MO.

