

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1858  
545

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5017 Thompson		d. STREET ADDRESS (If rural, give location) 5017 Thompson			

3079

3. NAME OF DECEASED (Type or Print) a. (First) Vera		b. (Middle) Louise		c. (Last) Murphy		4. DATE OF DEATH (Month) (Day) (Year) 2 4 51	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-8-1925	
9. AGE (in years last birthday) 15 25		IF UNDER 1 YEAR Months 5		IF UNDER 1 YEAR Days 20		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Bertrum Carpenter		13b. MOTHER'S MAIDEN NAME Margy Bailey		14. NAME OF HUSBAND OR WIFE James W. Murphy	
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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. 488-22-2393		17. INFORMANT'S SIGNATURE OR NAME James W. Murphy		ADDRESS K.C., Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gunshot wound abdomen</i>							
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Suicide?</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>at home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Kansas City Jackson, Mo.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>2-4-51</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Gunshot wound</i>	

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 <i>Hugh H. Owens</i>		(Degree or title) Coroner		23b. ADDRESS <i>1034 Oak to Blvd</i>		23c. DATE SIGNED <i>2-5-51</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2/6/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Floral Hills</i>		24d. LOCATION (City, town, or county) (State) <i>Kansas City Jackson Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>2-5-51</i>		REGISTRAR'S SIGNATURE <i> Geraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John P. Sheil</i>		ADDRESS <i>K.C. Mo.</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*John P. Sheil*

Signed.....

Student Embalmer

Licensed Embalmer No. 3625

P. O. Address.....

**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.