

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37474

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4785

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>KANSAS CITY</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>KANSAS CITY</u>  |  |
| c. LENGTH OF STAY (In this place)<br><u>61 YRS.</u>  |  | 21258   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>3930 CAMPBELL STREET</u>                     |  | d. STREET ADDRESS (If rural, give location)<br><u>3930 CAMPBELL STREET</u>  |  |

|  |                                 |                                 |                            |   |
|--|---------------------------------|---------------------------------|----------------------------|---|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First)<br><u>MARQUERITE</u> | b. (Middle)<br><u>JOSEPHINE</u> | c. (Last)<br><u>MURPHY</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>NOV. 8, 1951</u> |
|--|---------------------------------|---------------------------------|----------------------------|---|

|                         |                                  |  |   |  |                           |                          |                          |                         |
|-------------------------|----------------------------------|--|---|--|---------------------------|--------------------------|--------------------------|-------------------------|
| 5. SEX<br><u>FEMALE</u> | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>NEVER MARRIED</u> | 8. DATE OF BIRTH<br><u>SEPT. 20, 1890</u> | 9. AGE (In years last birthday)<br><u>61</u> | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HRS.<br>Days | IF UNDER 2 HRS.<br>Hours | IF UNDER 2 HRS.<br>Min. |
|-------------------------|----------------------------------|--|---|--|---------------------------|--------------------------|--------------------------|-------------------------|

|   |  |  |  |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>SECRETARY</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>CONSTRUCTION</u> | 11. BIRTHPLACE (State or foreign country)<br><u>KANSAS CITY, MISSOURI.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
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|---|--|--|
| 13a. FATHER'S NAME<br><u>JOHN F. MURPHY</u> | 13b. MOTHER'S MAIDEN NAME<br><u>JULIA MITCHELL</u> | 14. NAME OF HUSBAND OR WIFE<br><u>NONE</u> |
|---|--|--|

|   |   |  |   |
|---|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>487-03-6977</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>MR. HENRY F. MURPHY,</u> | ADDRESS<br><u>3930 CAMPBELL ST. K.C., MO.</u> |
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|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c) | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma uteri - c</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 mo</u> |
|---|---|--|---|

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

|  |                              |
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| ANTECEDENT CAUSES  | DUE TO (b) <u>metastases</u> |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c)                   |

|   |             |
|---|-------------|
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. | <u>174x</u> |
|---|-------------|

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) |
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|  |  |                            |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 may, 1951, to nov 8, 1951, that I last saw the deceased alive on nov 8, 1951, and that death occurred at 9:00 P. M., from the causes and on the date stated above.

|   |                                       |                                    |
|---|---------------------------------------|------------------------------------|
| 23a. SIGNATURE<br>by <u>Wm. R. Jones MD</u> (Degree or title) | 23b. ADDRESS<br><u>1107 Bryant Rd</u> | 23c. DATE SIGNED<br><u>11/9/51</u> |
|---|---------------------------------------|------------------------------------|

|  |                                |  |   |
|--|--------------------------------|--|---|
| 24a. BURIAL, CREMA TION, REMOVAL (Specify) | 24b. DATE<br><u>Nov 10, 51</u> | 24c. NAME OF GEMPTORY OR CREMATORY<br><u>Cambary</u> | 24d. LOCATION (City, town, or county) (State)<br><u>K.C. MO</u> |
|--|--------------------------------|--|---|

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|--|--|--|---|
| DATE REC'D BY LOCAL REG.<br><u>11-9-51</u> | REGISTRAR'S SIGNATURE<br><u>Geraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>W. H. Huwcomer's Sons</u> | ADDRESS<br><u>1331 BRUSH CREEK KANSAS CITY, MO.</u> |
|--|--|--|---|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Dr. Reid Jones by Wm. R. Jones M.D.

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 Charles H. Stickney.....

Licensed Embalmer No. 45600.....

P. O. Address RC, 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.