

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14043

State File No. _____

1755

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days) 2 weeks

3. (a) PRINT FULL NAME Nannie Murphy 610

3. (b) If veteran, name war. _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased August 7 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John Murphy

18. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Julia Shea

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

16. (a) Informant John Murphy

(b) Address 25 Iowa St.

17. (a) burial (b) Date thereof 4 - 27 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director State Funeral Home

(b) Address Kansas City, Kansas

19. (a) 4-25-40 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jacksonite
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1312 W. 37th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 24
year 40 hour 2 minute 53 P. M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right femur

Due to _____
Due to _____

Other conditions Chronic emphysema
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy See of me

Duration
Physician
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 4/24/40

(c) Where did injury occur 1213 W 37th St Kansas
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work no (Specify type of place) (e) Means of injury Fall on stepping on floor

23. Signature W. H. Kew Date signed 4/24/40

Address _____

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

MOTHER FATHER

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 *O. Ross Blanford*

Licensed Embalmer No. *4015*

P. O. Address *1815 W 41st*

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, above space should be left blank.