

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6069

FILED MAR 14 1941

Registration District No. 399

Primary Registration District No. 1002

State File No. _____

Registrar's No. 841

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:
2948 East 30th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
(Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2948 East 30th Street
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Winchester Davis Murphy

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased June 13th 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 8 13 _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business X

12. Name Paul C. Murphy

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Martha Taylor

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

16. (a) Informant Paul C. Murphy

(b) Address 4441 Benton, Kansas City, Mo.

17. (a) Removal (b) Date thereof 2-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury, Missouri, Stine & McClure

18. (a) Signature of funeral director _____

(b) Address 3235 Ellham Plaza, Kansas City, Mo.

19. (a) 7/27/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26th, year 1941 hour 9:50 minute P. M.

21. I hereby certify that I attended the deceased from Jan 17 1941 to Feb. 26 1941
that I last saw him alive on Feb. 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration 3 days

Due to Chronic Myocardial degeneration 2 mo

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature F. Chatter (M. D. or other) _____
Address 624 Professional Date signed Feb 27 41

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

118
8

Redy =

Dr. Lamar

PROF. B.L.D.G.

1 P.M.

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 Felix Benz

Licensed Embalmer No. 0 H127

P. O. Address Kansas City, 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.