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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13619
Registrar's No. 1600

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
427 West 49th Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 20 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Mrs. Cora Wood Dunphy

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

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

6. (b) Name of husband or wife Thomas J. Dunphy 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept. 8 1877
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 14 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name James E. Mitchum

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

14. Maiden name Martha Adcock

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

16. (a) Informant Thomas J. Dunphy

(b) Address 427 West 49th Terrace

17. (a) cremation (b) Date thereof 4/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3811 Broadway

19. (a) Apr. 23 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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. 427 West 49th Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 22nd year 1941 hour 9:00 a.m. minute -

21. I hereby certify that I attended the deceased from 1938 to 1941 that I last saw him alive on Apr. 22 1941 and that he died on the date and hour stated above.

Immediate cause of death Acute pulmonary edema

hypertrophy of the heart

Respiratory distress

95°C

95°C

Major findings: Of operations 95°C

Of autopsy 95°C

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? 361 (Specify type of place) (a) Means of injury

23. Signature Arthur H. Tucker (M. D. or other)

Address K.C. Mo. Date signed 3

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

Leon H. Stewart

Licensed Embalmer No. *4177*

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.