

2-12-40

17-30

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AM 24 1941
Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4040 Prospect Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **13 Yrs. /** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **4040 Prospect Ave.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Edward A. MURPHY.**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **No**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Leonore Murphy**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **January 6th, 1874**
(Month) (Day) (Year)

8. AGE: Years **67** Months **10** Days **28** If less than one day hr. min.

9. Birthplace **Chicago Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **Rynerson Mfg. Co.**

MOTHER FATHER { 12. Name **Thomas Murphy.**

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

14. Maiden name **Ellen Hedden**

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

16. (a) Informant **William F. Murphy.**

(b) Address **Chicago Illinois**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12/6/41**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery.**

18. (a) Signature of funeral director **Melody-McGilley.**

(b) Address **K. C. Mo.**

19. (a) **12/5/41** (Date received local registrar) (b) **M. M. Crow** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December**, day **4th**
year **1941** hour **1** minute **05** A. M.

21. I hereby certify that I attended the deceased from **Dec 2**, 19**41**, to **Dec 4**, 19**41**;
that I last saw him alive on **Dec 3d**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Embolism of right femoral artery 4 in. below knee with complete obstruction of vessel and or infarct. followed by gangrene**

Duration **4 days**

Due to **complete obstruction of vessel and or infarct. history**

Due to **followed by gangrene**

Other conditions (Include pregnancy within 3 months of death) **99:1**

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? _____

(Specify type of place) _____

While at work? (a) _____ (b) Means of injury _____

23. Signature **E. H. Reilinger** (M. D. or other) _____

Address **520 Regill Bldg. K.C. Mo.** Date signed **12/4-1941**

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.

..... Registered Apprentice No.....

Signed.....

.....
Licensed Embalmer No.....

.....
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.