

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(c) Name of hospital or institution:
607 West 20th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 37 Yrs.
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. 607 W. 20th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1942 hour 1:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from
Dec 29 1941 to Jan 4 1942
that I last saw him alive on Jan 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis - Hypertensive cardiac-vascular disease Duration years

Due to arteriosclerotic gangrene of Rt foot 9 months

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

Major findings: none 93B
Of operations _____
Of autopsy none 93d
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? _____

In _____ while at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature PA Richeson (M. D. or other) _____
Address Kansas City, Kansas Date signed Jan 14/42

3. (a) PRINT Wm. Vaughn Murphy
FULL NAME

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Murphy 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased July 4th 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Shoe Maker

11. Industry or business Self

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Jane Walker

(b) Address 203 East 13th.

17. (a) Burial (b) Date thereof I-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director C.H. Blackman & Son

(b) Address 2825 Independence Blvd.

19. (a) Jan 6, 1942 (b) M. W. Browne
(Date received local registrar) (Registrar's signature)

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

W. H. Bleckner

Licensed Embalmer No.

2244

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.