

FILED JAN 3 1944
Registration District No. 13449

Primary Registration District No. 1002

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:
1316 E. 23 St
(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 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 1316 E. 23 St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Alice Murphy

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1943 hour 11 minute 15 A. M.

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Murphy

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

7. Birth date of deceased July 24 - 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 1 - 1943 to Dec. 10 - 1943
that I last saw her alive on Dec. 10 - 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 48 Days 17 If less than one day hr. min.

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

Immediate cause of death Arterio-sclerotic insufficiency

Due to 920

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Unemployed

11. Industry or business

12. Name Dont know

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

14. Maiden name Dont know

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

Major findings:
Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Evelina Royston
(b) Address 1316 E. 23 St

17. (a) Burial (b) Date thereof Dec. 14 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Test Appleton Jones
(b) Address 1905 Vine St.

19. (a) 12-13-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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.....

23. Signature L. W. Bosker (M. D. or other)
Address 2028 Union Date signed.....

360

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

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 *C. J. West*

Licensed Embalmer No. *2710*

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.