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No. 2
A-243
5-17-39
I X35627DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5076

Registration District No. DEC 22 1943Primary Registration District No. 1002

Registrar's No.

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:
4035 Forest /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 63 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME MRS. JULIA MURPHY3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widow
 6. (b) Name of husband or wife John F. 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased January 23, 1862
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>10</u>	<u>8</u>	hr. _____ min.

9. Birthplace Irondale, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name John Mitchell
 13. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary McDonald
 15. Birthplace Baltimore, Maryland
 (City, town, or county) (State or foreign country)

16. (a) Informant Harry J. Murphy(b) Address 218 N. 2nd - Calath, Kansas17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/1943
(Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Durk's and Sabin Co.(b) Address 20 West Linwood, K.C., Mo.19. (a) 12-2-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4035 Forest 8
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st
year 1943 hour 1: minute 00 P.M.21. I hereby certify that I attended the deceased from
Sept 17, 1943 to Nov 1, 1943
that I last saw h. or alive on Nov 22, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Tuberculous Carcinoma Duration 6 mos

Due to _____

Due to 47cOther conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Harry J. Jones (M. D. or other) _____Address Edward W. Bro Date signed 12/3/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.