

FILED FEB 28 1944
1944
Registration District No. _____

Primary 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:
2914 EAST 40TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 37 YEARS
(Specify whether 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. 2914 EAST 40TH STREET
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. WILLIAM RAYMOND MURPHY, SR.

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 3RD
year 1944 hour 9 minute A. M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. GRACE MURPHY

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased NOVEMBER 17 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-22, 1943, to 1-3, 1944
that I last saw him alive on 1-2, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 1 Days 16
If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis

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

Due to Infarction

Due to 940

10. Usual Occupation EMPLOYEE

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

11. Industry or business CROWE COAL COMPANY

Major findings: Of operations _____

12. Name of father WILLIAM R. MURPHY

Of autopsy _____

13. Name of mother Ellen Bagley

14. Birthplace IRELAND
(City, town, or county) (State or foreign country)

15. Informant MRS. JOHN VEST

16. (a) Address JOPLIN, MISSOURI

17. (a) BURIAL (b) Date thereof JAN 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation JOPLIN MISSOURI

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

18. (a) Signature of funeral director H. A. Owens

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) Date received local registrar Jan 6 1944 (b) J. E. Brown
(Registrar's signature)

23. Signature H. A. Owens (M. D. or other) M. D.

Address 1034 Realto Date signed 1-4-44

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

MOTHER, FATHER
Signature of informant
Signature of funeral director

PHYSICIAN
Underline the cause to which death should be charged statistically.

Pratt 1909

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 *K. C. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address *K. C. 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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Kansas

State File No. _____

County of Brown } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 61

On this _____ day of _____, 1944, before me appears _____

Mrs Grace Murphy, who, upon her oath, states that the original record of ~~birth~~ death

William Raymond Murphy died January 3, 1944, in the State of

Missouri, and which was filed at KC, Mo. on 1-6, 1944, should be corrected as follows:

Item No. 6a should read married - Separated

Instead of Divorced

Item No. 6b should read Grace Murphy - 68 yrs.

Instead of _____

Item No. 17c should read Joplin, Mo.

Instead of St Joseph, Mo.

Item No. 11 should read Crowe Coal Co.

Instead of Crown Coal Co.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Grace M. Murphy Widow Relationship.

102 Miami St. Hiawatha Mo.

Present Address.

Subscribed and sworn to before me this 29th day of May, 1944.

My Commission expires April 3, 1947 Ernest F. Pound Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

11028

