

FILED MAY 25 1944

Registration District No. 149

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community 5 Years years, months or days)

3. (a) PRINT FULL NAME MISS VIRGINIA MURPHY
3. (b) If veteran, name war No 3. (c) Social Security No. 521-12-7913

4. Sex Female Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 19 1/2 years
7. Birth date of deceased May 10, 1919 (Month) (Day) (Year)

8. AGE: Years 30 25 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation Stenographer

11. Industry or business War Production Board

12. Name Robert Murphy

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

14. Maiden name Marie Obrecht

15. Birthplace St. Peters, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. M. Eagle

(b) Address 517 Knickerbocker Place

17. (a) Removal (b) Date thereof 5-15-44 (Month) (Day) (Year)

(c) Place: burial or cremation Chillicothe, Missouri

18. (a) Signature of funeral director John N. Wagner
(b) Address Kansas City, Missouri

19. (a) 5-14-44 (b) N. E. Brown (Date received local registrar) (Registrar's signature)

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. 1109 East Armour (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14th year 1944 hour 12 minute Noon M.

I hereby certify that I attended the deceased from May 4 1944 to 5-12 1944
that I last saw her alive on 5-12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary embolism Duration 20 min
Due to appendedicitis operation acute inflammation 8 days
Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/12

Major findings: Of operations none Of autopsy none
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? (e) Means of injury 0

23. Signature John T. Shurmer (M. D. or other) MD
Address 11029 Grand Ave KCMO Date signed 5-14-44

DEC 15 1944

NOV. 13 1944

JUN 21 1944

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.....

Alvin R. Hauschke

Licensed Embalmer No. *4159*

P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.