V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34407

FILED OCT 30 1944

Registration District No. 254

Primary Registration District No. 5575

Registrar's No.

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

48
0
0

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8100 Brooklyn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1.
(Specify whether years, months or days)

In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 8000 Chestnut
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME FRANCIS C MURPHY

3. (b) If veteran, name war World War 1

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife Dec 19

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

7. Birth date of deceased Dec 19 (Month) (Day) (Year)

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace Chile Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Yard Man

11. Industry or business K. C. Stock Yards

FATHER
12. Name Richard Murphy
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Carr
15. Birthplace Berlin Wisconsin 1
(City, town, or county) (State or foreign country)

16. (a) Informant John Murphy
(b) Address 8000 Chestnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13 1944 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk and Tobin Co
(b) Address 20 West Linwood

19. (a) 10-14-44 (Date received local registrar) (b) R. W. Lindsey Sons Inc (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day Oct year 1944 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on Deputy Coroner 19; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Due to Hypertrophy of Heart

Due to Coronary Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 95 C

Of autopsy See Above

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Ussher (M. D. or other) MD

Address 23 McCoy Date signed 10/10/44

Dr Annie G. Hedges

(Licensed Embalmer's Statement on Reverse Side)

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 Charles M Zurk

Licensed Embalmer No. 3774

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.