

FILED APR 19 1946
Registration District No. 149

Primary Registration District No. 1002

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

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:
6205 Rockhill Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
19 years years, months or days)

In this community 19 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mrs. Elizabeth Murphy

3. (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, divorced widowed

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

6. (c) Age of husband or wife if alive 18 7/8 years

7. Birth date of deceased November 18 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>72</u>	<u>75</u>	<u>4</u>	<u>8</u>	hr. min.
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9. Birthplace Van Port Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business At home

12. Name Thomas Cain

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

14. Maiden name Mary Lynch

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

16. (a) Informant MISS LNEZ MURPHY

(b) Address 6205 ROCKHILL RD. K.C. MO.

17. (a) Removal (b) Date thereof 3-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humboldt, Kansas

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address 1800 E. Linwood, K. C., Mo.

19. (a) 3-28-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4/8

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

(d) Street No. 6205 Rockhill Road 8
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1946 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-15-45, 1945, to 3-26-46, 1946;
that I last saw her alive on 3-25-46, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of cecum 2 yrs.

Due to _____

Due to _____

Other conditions Cancer of breast
(Include pregnancy within 3 months of death)
Primary site

Major findings:
Of operations as above

Of autopsy 5-0

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)
Means of injury 0

23. Signature Graham Owens (M. D. or other) 0
Address 906 Grand Date signed 3-27-46

Dr. William Brown
No. 1307, 112813
1034

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 Edwin E. Hook

Licensed Embalmer No. 4063

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.