

S. No. 2
 DM-5-43
 v. 5-17-39
 P 1 X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **958213**
 Registrar's No. **1263**

FILED MAR 27 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: **4**
MRS. NETTIE A. EDDY HOME - 300 Benton
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **17 DAYS**
(Specify whether years, months or days)
 In this community **OVER 40 YEARS**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **JACKSON** **48**
 (c) City or town **KANSAS CITY** **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4029 MAIN STREET** **8**
(If rural, give location)
 (e) Citizen of foreign country? **0**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **FRANCES JEANETTE MURPHY**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **MARCH** day **13th.**
 year **1946** hour **9** minute **15 A. M.**

4. Sex **FEMALE**
 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **MCDOWELL D. MURPHY**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **DECEMBER 14 1862**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **7** 19**43**, to **12** 19**46**
 that I last saw **her** alive on **3-12-** 19**46**
 and that death occurred on the date and hour stated above.

8. AGE: Years **83** Months **2** Days **27**
 If less than one day hr. _____ min. _____

Immediate cause of death **Chronic myocarditis**
 Duration _____

9. Birthplace **DANVILLE KENTUCKY**
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation **AT HOME**

Other conditions **93**
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER { 12. Name **JOEL I. LYLE**

{ 13. Birthplace **DANVILLE KENTUCKY**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **ISABELLE RUSSELL**

{ 15. Birthplace **DANVILLE KENTUCKY**
(City, town, or county) (State or foreign country)

16. (a) Informant **ROBERT EUGENE MURPHY**

(b) Address **5521 WORNALL ROAD**

17. (a) **REMOVAL** (b) Date thereof **3-15-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LIBERTY, 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? _____

18. (a) Signature of funeral director **J. F. Opomello**

(b) Address **3256 BROADWAY**

19. (a) **3-14-46** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **M. P. Ketchum** (M. D. or other) **M. P.**
 Address **Prof. Ketchum** Date signed **3-14-46**

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.....

Paul S. Rowe

Licensed Embalmer No.....

2347

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.