

No. 2  
-12-45  
5-17-39  
I X47070

**FILED DEC 4 1946**  
199

Registration District No. \_\_\_\_\_ 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: **General Hospital No. 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **17 hrs.**  
(Specify whether years, months or days)

In this community **40 Years**

**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. **1310 Armour Blvd.**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Anna C. Murphy**

**3. (b) If veteran, name war** **no**

**3. (c) Social Security No.** **None**

**4. Sex** **F.M.** **5. Color or race** **Wh**

**6. (a) Single, widowed, married, divorced** **Widowed**

**6. (b) Name of husband or wife** **Maurice Murphy**

**6. (c) Age of husband or wife if alive** **25** years

**7. Birth date of deceased** **July 25 1921**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>69</b>	<b>3</b>	<b>21</b>	hr. min.

**9. Birthplace** **Sevenworth Kansas**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **House Wife**

**11. Industry or business**

**12. Name** **John K. Wren**

**13. Birthplace** **Paulding Ohio**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Margaret Lysbought**

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

**16. (a) Informant** **W. C. Wren**

**(b) Address** **Bethel Kan R. 11**

**17. (a) Removal** **(b) Date thereof** **11-18-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **St John R. C. Church + G. O. B. N.**

**18. (a) Signature of funeral director** **Chark + G. O. B. N.**

**(b) Address** **K. E. No.**

**19. (a) 11-18-46** **(b) Geraldine Holman**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Nov.** day **16**  
year **1946** hour **12** minute **30 P.M.**

**21. I hereby certify that I attended the deceased from** **Nov. 15 1946** to **Nov. 16 1946**  
**that I last saw her alive on** **Nov. 16 1946**  
**and that death occurred on the date and hour stated above.**

**Immediate cause of death** **Pulmonary embolism**

**Due to** **old renal disease with thrombotic left renal vein**

**Other conditions** **III a**  
(include pregnancy within 3 months of death)

**Major findings:**

**Of operations** \_\_\_\_\_

**Of autopsy** **See above**

**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** \_\_\_\_\_

**23. Signature** **W. C. Wren** **(M. D. or other)** **11-18-46**

**Address** **Med. Dir. Gen'l Hosp.** **Date signed** \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*Dr. Laman*

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**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 *Maud Adair*

Licensed Embalmer No. *4016*

P. O. Address *26 E. 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.**