No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21099

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2798

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 848 W 57 st
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether
In this community Life
years, months or days)

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. 848 W 57 st 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Cordelia ~~Brown~~ Murphy

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Fem

5. Color or race NW

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

6. (b) Name of husband or wife Franklin E Murphy Dec

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

7. Birth date of deceased 7 (Month) 16 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	11	19	hr. min.

9. Birthplace K. C. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business At Home

FATHER
12. Name A. H. Brown
13. Birthplace Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Tryphosa Beals
15. Birthplace Mass. (City, town, or county) (State or foreign country)

16. (a) Informant Dr Franklin D. Murphy
(b) Address 6729 Tomahawk Rd

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 7/2/47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem

18. (a) Signature of funeral director Stine - McClure
(b) Address Kansas City, Mo

19. (a) 7-1-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1947 hour 7 minute a M.

21. I hereby certify that I attended the deceased from June 1945, to June 29, 1947; that I last saw her alive on June 29, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary edema	
Due to Carcinoma of the breast c̄ metastases	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 5 D	
Of autopsy	

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 0

23. Signature Franklin D. Murphy (M. D. or other) MD
Address 1220 Professional Bldg. Date signed June 29, 1947

(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.....

Licensed Embalmer No. 1413

P. O. Address.....

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.