

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X38671

FILED DEC 28 1948

UNITED STATES BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39635

Registration District No. 72

Primary Registration District No. 3613

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
2028 Errie, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution At Home
(Specify whether)

In this community 23 Years
(years, months or days)

3. (a) PRINT FULL NAME Bertha Fleming Murphy

3. (b) If veteran, name war No

3. (c) Social Security No. X

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Charles O. Murphy

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

7. Birth date of deceased Feb 20 1883
(Month) (Day) (Year)

8. AGE: 65	Years	Months	Days	If less than one day
		9	10	X hr. min.

9. Birthplace Platt Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Same

MOTHER FATHER

12. Name Rush Fleming

13. Birthplace Platt Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Frances Eva Carter

15. Birthplace Platt Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Truby Duncan

(b) Address North Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Ridgley, Mo.

18. (a) Signature of funeral director Morton-Smith's F.H.

(b) Address 832 Armour Road, N. K. C. Mo.

19. (a) Dec 1st 48 (Date received local registrar) (b) Beulah Kitchener (Registrar's signature) 105

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay ²⁴

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

(d) Street No. 2028 Erie ⁰
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 30
year 1948 hour 12 minute 8 A.M.

21. I hereby certify that I attended the deceased from Nov 17 to Nov 30 1948
that I last saw her alive on Nov 30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompenstation ^{24h}

Due to Myelogenous Leukemia

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy 940

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Widerman (M. D. or other) MD
Address 1600 Prof. Bldg. Date signed Nov 30 1948

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-27-48

67016 8/10/48

APR 7 1955

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 Theron Smith

Licensed Embalmer No. 3928

P. O. Address 74th 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.