

FILED DEC 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37287

State File No.

5344

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>8 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>811 E. 8th St.</u>		STREET ADDRESS (If rural, give location) <u>811 E. 8th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 13, 1917</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Apt. building</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>White County, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>George W. Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Wiley</u>		14. NAME OF HUSBAND OR WIFE <u>Cornelius Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Murphy Hutchinson, Kans</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		MEDICAL CERTIFICATION 1. <u>Gunshot wound of face Penetrating</u> (a) <u>Brain (cerebral Hemorrhage) 2. Gunshot</u> <u>wound of neck Penetrating Right lung Hemorrhage</u> 3. <u>Gunshot wound of upper extremity (Humerus)</u> 4. <u>Gunshot wound of lower extremity (Femur)</u>		INTERVAL BETWEEN DEATH AND DEATH _____
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____ DUE TO (c) _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>811 E. 8th St.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Jackson MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Nov. 14 1954 9:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Domestic Combat</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Deputy coroner</u>		23b. ADDRESS <u>1618 Lydia Ave</u>		23c. DATE SIGNED <u>11/18/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Watkins Bros. Funeral Home 615 E. 10th St. Jackson</u>		24f. DATE REC'D BY LOCAL REG. <u>11-19-54</u>	

REGISTRAR'S SIGNATURE Neva Marshall

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bruce A. Watkins*.....

Licensed Embalmer No. *450*

P. O. Address *18th Street*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.