REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13767
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kan
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1002
Registered No. 1747
(d) Street No. KC Gen Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Murrey
(a) Residence, No. 3226 Thompson St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bernetta Murrey.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 6, 1860
7. AGE: YEARS 90 MONTHS 3 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

FATHER
13. NAME: Jerry Murrey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Martha Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Reuna Clerk KC Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Green Lawn DATE: 4-26-38

19. FUNERAL DIRECTOR (ADDRESS): Mrs C L Forsler KC Mo.

20. FILED 4-25 1938 M. M. Crowe asst Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-26 1938 to 4-24 1938
I last saw him alive on 4-24 1938 Death is said to have occurred on the date stated above, at 1:35 a m
The principal cause of death and related causes of importance were as follows:

Senility · malnutrition
Westaulish any more
definite diagnosis

Date of onset

Other contributory causes of importance: 1162

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) G A DeMarco, M. D.
(Address) Supt KC Gen Hosp KC Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)