

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24411

State File No. \_\_\_\_\_

3021

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3906 St. John Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days

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. 3906 St. John Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Dora May Murrell 640

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Luther G. Murrell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 8 1884  
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Henry County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Alma Houts

13. Birthplace Terra Haute Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Kenyon

15. Birthplace No Record Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Personal Mary Murrell  
(b) Address 3906 St. John

17. (a) Burial (b) Date thereof 7-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Kenyon Stubb  
(b) Address 815 W. Maple Ave.

19. (a) July 29, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1930  
\_\_\_\_\_ 19 \_\_\_\_\_ to July 26, 1940  
that I last saw her alive on 70 July 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung Duration 6 mo.

Due to Carcinoma of Breast 10 yrs Primary

Due to 50

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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 1

23. Signature Dean S. Pring (M. D. or \_\_\_\_\_)  
Address 1107 Bryant Bldg Date signed 7/27/40

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

*[Handwritten scribble]*

**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 *[Handwritten Signature]*

Licensed Embalmer No. *3181*

P. O. Address *Independence Pa*

**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, above space should be left blank.**