

S. No. 2  
 4-11-10-39  
 Rev. 5-17-39  
 I X21492

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **41499**  
 Registrar's No. **4883**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3660 Summit St. **2**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution X  
(Specify whether years, months or days)  
 In this community 5 years

3. (a) PRINT FULL NAME Miss Madge Murray  
 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 Single  
 6. (b) Name of husband or wife X  
 6. (c) Age of husband or wife if alive X years  
 7. Birth date of deceased October 3 1847  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
93 2 19 hr. min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
at home

10. Usual occupation 4

11. Industry or business X

MOTHER FATHER { 12. Name Alexander Murray **4**  
 13. Birthplace Scotland  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Scotland  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Everett B. Murray, Jr.

(b) Address 1232 Stratford Road, K. C., Mo.

17. (a) Burial (b) Date thereof 12-23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure  
 (b) Address 3235 Gillham Plaza, K. C., Mo.  
 19. (a) Dec. 23, 1940 (b) M. M. Grome  
(Date received local registrar) (Registrar's signature)

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. 3660 Summit Street  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd,  
 year 1940 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from  
Dec 11, 1940, to Dec 22, 1940,  
 that I last saw her alive on Dec 21, 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia **11 da**

Due to Senility

Due to 1770

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? 1

While at work? \_\_\_\_\_  
(Specify type of place) (a) Means of injury

23. Signature E. A. Burkhardt (M. D. or other) **MD**  
 Address 3346 Summit R. C. Date signed 12/23/40

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

Dr. Burkhardt.

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**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 E. M. Plack

Licensed Embalmer No. 1848

P. O. Address I. C. 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, above space should be left blank.**