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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31375

Registration District No. 197 Primary Registration District No. 5276A Registrar's No. 45

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: — — — / R#4 (If not in hospital or institution, write street number or location)

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

In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. Route #4 24 (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ARTHUR MURRAY

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

4. Sex M 2 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Lissie Murray 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased ~~[illegible]~~ (Month) — (Day) 1887 (Year)

8. AGE: Years 54 Months — Days — If less than one day ..... hr. ..... min.

9. Birthplace Clay Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farm labor

11. Industry or business

FATHER
12. Name Grundy Murray
13. Birthplace Clay Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Harriett Stark
15. Birthplace (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Orl Murray

(b) Address K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/41 (Month) (Day) (Year)

(c) Place: burial or cremation Whitcomb Clay Co. Mo

18. (a) Signature of funeral director Church Arabe Co.

(b) Address 111 N. Water Liberty Mo.

19. (a) 9-24-41 (Date received local registrar) (b) John S. Morton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21st year 1941 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Suicide gun shot

Due to Coroner

Due to 164C

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Coroner

Of autopsy

Duration

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) Suicide

(b) Date of occurrence 9-21-41 9 a.m.

(c) Where did injury occur? N.K.C. Mo. (City or town) R.F.D. 4 (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)

While at work? (e) Means of injury Gun Shot

23. Signature R.W. Fischer Coroner (M. D. ~~or other~~)

Address Excelsior Springs Mo. Date signed 9-22-41

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-21-41

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.