

FILED DEC 7 1942  
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4255

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days) 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay  
(c) City or town Liberty  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 318 S Leonard  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Minnie Howe Murry  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

20. DATE OF DEATH: Month Nov. day 14th  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Charles Seldon Murry  
6. (c) Age of husband or wife if alive Dead years \_\_\_\_\_  
7. Birth date of deceased Dec 9 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 9  
1942 to Nov. 14 1942  
that I last saw her alive on Nov. 14 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix. Arterio sclerosis. Old rupture.  
Due to acute urinary suppression - carcinoma  
Due to Arterio  
Other conditions HBA  
(Include pregnancy within 3 months of death)

Duration, \_\_\_\_\_

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years 80 Months 11 Days 5  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Macon Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business At Home

12. Name James G Howe

13. Birthplace Callaway Co. Mo. O  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Thatcher

15. Birthplace Macon Co Mo O  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Howe Yancey

(b) Address Liberty, Mo.

17. (a) Removal (b) Date thereof 11-15-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Removal

18. (a) Signature of funeral director James G. Yancey  
(b) Address 119 E Franklin Liberty

19. (a) 11-15-42 (b) M. W. Crowe  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature Paul F. Yancey (M. D. or other) \_\_\_\_\_  
Address 1032 W. 13th Date signed 11-17-42

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

MOTHER FATHER

JAN 5 1948

**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.....

*J. C. Anderson Jr.*

Licensed Embalmer No. 3934

P. O. Address Liberty 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, fact should be so stated above.**