S. No. 2
M—5-42
5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5377
Registrar's No. 1023

Registration District No. 149 Primary Registration District No. 1602

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: K.C. General Hospital No.1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City R
(If outside city or town limits, write "RURAL")
(d) Street No. 309 Garfield
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward Murray
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Margaret Murray
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 6 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	10	15	hr. min.

9. Birthplace Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Retired Elevator Operator
11. Industry or business
FATHER
12. Name No record
13. Birthplace No record 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No record
15. Birthplace No record 9 (City, town, or county) (State or foreign country)
16. (a) Informant Edward A. Murray
(b) Address 2023 Sandusky K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director Burk & Tobin Co.
(b) Address 20 West Linwood
19. (a) 2/27/43 (Date received local registrar) (b) M. M. Crum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st year 1943 hour 4 minu 30 A.M. M.
21. I hereby certify that I attended the deceased from 2-15-43, 19..., to 2-21-43, 19...; that I last saw h. alive on 2-21-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: 82 a	
Due to:	
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 0
23. Signature Henry R. Shover (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Charles M Quirk

Licensed Embalmer No. 3174

P. O. Address Kansas City 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.