S. No. 2
M—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13289

Registration District No. 949

Primary Registration District No. 1002

Registrar's No. 1702

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

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: 4148 Genesee 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4148 Genesee
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Mary Jane McMurray

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Chas. E. McMurray

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased October (Month) 20 (Day) 1862 (Year)

8. AGE: Years 80 Months 5 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Adams County (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jeriniah Stone
13. Birthplace Unknown (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Adeline Martin
15. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. J. A. Ritzler Jr.

(b) Address 4148 Genesee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd.

19. (a) 4-9-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1943 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from Aug 1941
— , 19.... to Apr. 8 " , 1943
that I last saw her alive on Apr. 8 " , 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 week
Due to Hypertension	2 yrs
Due to Chronic Nephritis	2 yrs
Other conditions (Include pregnancy within 3 months of death) Chronic Myocardial Degeneration	2 yrs

Major findings:
Of operations 121 B

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 —

23. Signature F. C. Lamar (M. D. or other)

Address 624 Professional Bldg Date signed Apr 9-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. F.C. Lamar
Professional Bldg
Vi-4426
1 - 4 P.M. Friday

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.....

Licensed Embalmer No. 3991

P. O. Address 309 E 67th St. Kcmo

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.