

FILED APR 7 1944 49

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 1330

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:  
Little Sisters of Poor 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 yrs  
In this community 12 years  
years, months or days

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. 5331 Highland Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS MURRAY

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 19, 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business At home

MOTHER FATHER { 12. Name John Murray  
13. Birthplace No Record  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Morgan  
15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. St. Phile  
(b) Address 5331 Highland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/1944  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Dwight + Robins Co  
(b) Address 20 West Linwood Blvd.

19. (a) 3-24-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 20th  
year 1944 hour 3: minute 00 P.M.

21. I hereby certify that I attended the deceased from Dec. 15th, 1943 to Mar. 20, 1944; that I last saw him alive on March 18th, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 2 da  
Due to Carcinoma of throat 1 yr  
Due to Arterio sclerosis years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
PHYSICIAN 458  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Manner of injury \_\_\_\_\_  
23. Signature Dr. John T. Sherwin (M. D. or other) MD  
Address 1404 Bryant Bldg. Date signed 3/21

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**