

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1538

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:  
1009 East 42nd St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 yrs (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1009 East 42nd St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Sarah Marie Murry

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

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife Neil Murry 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased March 9, 1891 (Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Mary's Kans. (City, town, or county) (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Stephen Hanrahan  
 13. Birthplace Kans (City, town, or county) (State or foreign country) 1  
 14. Maiden name unknown  
 15. Birthplace Kans (City, town, or county) (State or foreign country) 1

16. (a) Informant Neil Murry  
 (b) Address 4422 Troost

17. (a) Burial (b) Date thereof 4-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos. E. Quirk

(b) Address 4316 Troost Ave.

19. (a) 4-7-44 (b) J. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 6  
 year 44 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3/21, 1944 to 4/6, 1944  
 that I last saw her alive on 4/6, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix uteri  
 Duration about 1 year

Due to Carcinoma of cervix uteri

Due to \_\_\_\_\_

Other conditions 4/6  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) \_\_\_\_\_  
 (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 trade or place) (c) Means of injury 0

23. Signature [Signature] (M. D.) or other \_\_\_\_\_  
 Address 1103 Grand Date signed 4/7/44

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

**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.....

working under my personal supervision.

..... Registered Apprentice No. ....

Signed *Les E. Zwick* .....

..... Licensed Embalmer No. *3735* .....

..... P. O. Address *R. E. Tho* .....

**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.**