V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8455

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 2 1946

State File No. 9529

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1337

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: 3411 TROOST AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether years, months or days)
In this community 11 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 47

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 3411 TROOST AVENUE
(If rural, give location)

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

If yes, name country ---

3. (a) MRS. PRINT FULL NAME MARY ETTA MURRAY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WILLIAM MURRAY

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

7. Birth date of deceased JULY (Month) 27 (Day) 1849 (Year)

8. AGE: Years 96 Months 7 Days 21 If less than one day ___ hr. ___ min.

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

10. Usual occupation ---

11. Industry or business AT HOME

FATHER
12. Name ISAC HOLLOWAY
13. Birthplace (City, town, or county) NEW YORK (State or foreign country)

MOTHER
14. Maiden name MARRY JENNINGS
15. Birthplace LONDON ENGLAND (City, town, or county) (State or foreign country)

16. (a) Informant MR. FRANK O. MURRAY

(b) Address 3411 FOREST AVENUE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MAR 19 1946 (Month) (Day) (Year)

(c) Place: burial or cremation ASPEN GROVE CEMETERY BURLINGTON, IOWA

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 3-19-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 18th year 1946 hour 5 minute 45P M.

21. I hereby certify that I attended the deceased from Jan 1944, to 3/18, 1946 that I last saw her alive on 3/18, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chron Myocarditis	10 yrs
Due to arteriosclerosis	5 yrs
Due to senility	yrs
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

23. Signature H. S. Prentiss (M. D. or other)

Address 900 Realty Bldg Date signed 3/19/46

(Licensed Embalmer's Statement on Reverse Side)

Gas Opalts Bldg.
12:30-3:30

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.