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

12196

DEPARTMENT OF COMMERCE
Bureau of the Census

FILED MAY 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13290

Registration District No. 149 Primary Registration District No. 1002. Registrar's No. 1989

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 19 days (Specify whether years, months or days)
In this community 18 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 921½ E. 12 St. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Cecil Vivian Butler Murray

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Clarence Robert Murray

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

7. Birth date of deceased June (Month) 29 (Day) 1909 (Year)

8. AGE: Years 36 Months 9 Days 27 If less than one day ... hr. ... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Lee Vale
13. Birthplace Kansas / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Grace Vanarsdale
15. Birthplace 2 Illinois / (City, town, or county) (State or foreign country)

16. (a) Informant William Lee Vale
(b) Address 921½ East 12th St. K.C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-30-46 (Month) (Day) (Year)
(c) Place: burial or cremation Fort Scott, Kansas

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) 4-30-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1946 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from March 7, 1946, to April 26, 1946, that I last saw her alive on April 26, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Atrophic portal cirrhosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1245	
Major findings: Of operations	
Of autopsy: See above	

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 Wm. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 4-27-46

(Licensed Embalmer's Statement on Reverse Side)

OCT 28 19[illegible]

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.....Blaine E. Weilert

Licensed Embalmer No.....4075

P. O. Address.....K.C. 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.