S. No. 2
4—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38333

FILED DEC 9 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4971

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks, 1 day (Specify whether
In this community 25 years
years, months or days)

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") 8

(d) Street No. 1334 Central Street
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Helen E. MURRAY

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Joseph Murray

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased November (Month) 21, (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	0	4	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name James E. Lee
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Amanda Reeder
15. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mr. J. B. Murray
(b) Address 1334 Central, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 11-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1947 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11
10, 19 to 11-25, 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death bronchopneumonia

Due to fracture of left hip

Due to injury by fall

Other conditions 186a 18
(Include pregnancy within 3 months of death)

Major findings:
Of operations Deputy coroner

Of autopsy See above

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence 11-10-47

(c) Where did injury occur? Kansas City (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? No (e) Means of injury Trauma

23. Signature A. E. Asher (M. D. or other) MD

Address 2800 Main St Date signed 11/25/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Glen E. Hicks

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.