

FILED DEC 2 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 5568

Registrar's No. 383

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Rural - Blue Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3216 Wallace
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
 In this community 25 years

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. 3216 Wallace
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Osia M. 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 widowed
 6. (b) Name of husband or wife Henry F. Murray 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased July 11, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 3 hr. min.

9. Birthplace Vernon County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER { 12. Name Bushrod H. Shanholtzer
 13. Birthplace Hampshire Co., West Va.
(City, town, or county) (State or foreign country)
 14. Maiden name Rachel A. Saville
 15. Birthplace Hampshire Co., West Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Beatrice Murray
 (b) Address 3216 Wallace, K.C., Mo.

17. (a) Removal (b) Date thereof 11-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Nevada, Missouri

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

19. (a) 11-16-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
 year 1947 hour 7 minute 13 A.M.

21. I hereby certify that I attended the deceased from June 1945
21 1947 to Nov. 14 1947
 that I last saw her alive on Nov. 13 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 1/2 hrs.

Due to Hypertension indefinite

Due to Arteriosclerosis indefinite

Other conditions Chronic Myocarditis indefinite
(Include pregnancy within 3 months of death)

Major findings:
 Of operations [Signature]
 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? _____

While at work? _____ (Specify type of place) _____ (c) Means of injury [Signature]

23. Signature [Signature] (M. D. or other) _____
 Address 5529 Tr. Boston Ave Date signed 11-14-47

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

611 A. 7th St. N. Bay
5529 Tronk.

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

Thomas J. Carter, Registered Apprentice No. *500*
working under my personal supervision.

Signed *[Signature]*
Licensed Embalmer No. *2999*

P. O. Address *CC*

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.