

No. 2
1-5-43
5-17-39
I X36671

FILED FEB 9 1948

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **130**

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

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5821 King Hill Ave. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **28 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Isadora 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 **Franklyn L. Murray** 6. (c) Age of husband or wife if alive **69** years
 7. Birth date of deceased **May 13, 1881**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	66	8	7	hr. min.

9. Birthplace **Maryville, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**
 11. Industry or business **Own home**

MOTHER { 12. Name **Hiram H. Edwards**
 13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
 14. Maiden name **Alice Saxon**
 15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

FATHER { 16. (a) Informant **Franklyn L. Murray**
 (b) Address **5821 King Hill Ave., City**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 24, 1948** (Month) (Day) (Year)
 (c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **James Clark**
 (b) Address **120 Illinois Ave. St. Joseph, Mo.**
 19. (a) **2-3-48** (Date received local registrar) (b) **E. E. Jenkins** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Buchanan** //
 (c) City or town **St. Joseph** //
(If outside city or town limits, write "RURAL")
 (d) Street No. **5821 King Hill Ave.** **7** (If rural, give location)
0
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **JAN.** day **20**
 year **1948** hour **7** minute **05** P.M.
 21. I hereby certify that I attended the deceased from **Dec 29** 19**47** to **JAN 20** 19**48**
 that I last saw h.e.r. alive on **JAN. 20** 19**48**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **CORONARY EMBOLISM** Duration 1/2 HOUR
 Due to **ARTERIOSCLEROSIS** 4 years
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: **Q4A**
 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? **2**
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature **E. E. Jenkins** (M. D. or other) **100**
 Address **5008 King Hill Ave.** Date signed **1-20-48**

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.....

Max E. Meyer., Registered Apprentice No. *49*
working under my personal supervision.

Signed *Earl Clark*

Licensed Embalmer No. *4238*

P. O. Address *St. Joseph, 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.