

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37432**  
**4834**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City /</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City, 14</b>	
c. LENGTH OF STAY (in this place) <b>35 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>802 East, 11th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>802 East 11 th St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jack</b> b. (Middle) <b>E.</b> c. (Last) <b>Murray</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 12 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 9 1882</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Auditor</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Murray</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Ethay Murray</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ethay Murray</b>	ADDRESS <b>802 East 11 St K.C.Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>			<b>3 years</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arterio sclerosis</b>			<b>3 yrs</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>no</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>no</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June**, 1949, to **Nov 12**, 1949, that I last saw the deceased alive on **Nov 11**, 1949, and that death occurred at **11 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M.B. Casbolt MD</b> (Degree or title)	23b. ADDRESS <b>4000 Baltimore K.C.Mo</b>	23c. DATE SIGNED <b>11-14-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>Nov. 15 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Hope Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kas</b>
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DATE REC'D BY LOCAL OFFICE <b>11-14-49</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs C.L. Forster</b>	ADDRESS <b>Kansas City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

