

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (if outside corporate limits, write RURAL and give township) <u>Texas City</u> c. LENGTH OF STAY in this place <u>59 yrs</u>		c. CITY (if outside corporate limits, write RURAL and give township) <u>Texas City</u> 3558 TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neurosh Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>2003 E. 35th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>M.</u> c. (Last) <u>Murray</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12/5/50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	<input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>/</u>	8. DATE OF BIRTH <u>April 23 1880</u>
10a. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years) (Last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u> IF UNDER 12 HOURS Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Pleasant Hill, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dr. Francis T. Puckner - Tracy</u>		13b. MOTHER'S MAIDEN NAME <u>M. Armstrong</u>	14. NAME OF HUSBAND OR WIFE <u>O. E. Murray</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O. E. MURRAY - 2003 E. 35th St.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia (left lower)</u> ANTECEDENT CAUSES DUE TO (b) <u>Pyloric obstruction</u> DUE TO (c) <u>Diverticul ulcer</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5410</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Pyloric obstruction with diverticul ulcer</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 <u>11:28</u> , 19 <u>50</u> , to <u>12:5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12:5</u> , 19 <u>50</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Harry C. Lapp</u> (Degree or title) <u>MD, MD</u>		23b. ADDRESS <u>1103 Grand</u>	23c. DATE SIGNED <u>11.6.50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-7-50</u>	REGISTRAR'S SIGNATURE <u>Sheralding Holmes Mellody</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. Selby - Eyles, K. C., Mo.</u>	

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

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Oliver E. Heck*

Signed.....

Student Embalmer

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.