

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23165

2993

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 000 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>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo</u>	c. LENGTH OF STAY (In this place) <u>6 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>3918 Kansas City Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>49th & Oak Street</u>		d. STREET ADDRESS (If rural, give location) <u>7531 Locust 91</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr Ernest</u> b. (Middle) _____ c. (Last) <u>Murray</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1951</u>
---	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>August 25 1908</u>	9. AGE (In years last birthday) <u>42</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bartender</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Broken Arrow</u>	11. BIRTHPLACE (State or foreign country) <u>Filler Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>Everet Murray</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Stark</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Murray</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>Ward War 2-55489-16-1915</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Murray</u>	ADDRESS <u>7531 Locust</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		INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 H</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock + Renal embolism</u>	II. OTHER SIGNIFICANT CONDITIONS <u>from crushing injury of chest</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Multiple rib fractures</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>123</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-13-51 11 P M</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>car stuck a parked truck</u>
---	---	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo C Bealhofer M D</u>	23b. ADDRESS <u>4050 Broadway KC Mo</u>	23c. DATE SIGNED <u>7-14-51</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 16 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>7-15-51</u>	REGISTRAR'S SIGNATURE <u>Heraldine Helmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Wornall Funeral Home</u>	ADDRESS _____
---	---	---	---------------

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

AUG 29 1951

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Russell N France

Licensed Embalmer No. 4255

P. O. Address K C 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.