

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

41839  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township North Primary Registration District No. 1002 Registered No. 4905  
 (c) City K.C. Mo. 1 (d) Street No. General Hospital #2 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert A. Murray  
 (a) Residence, No. 5265 Sunset Drive (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Murray  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-12-1863  
 7. AGE YEARS 75 MONTHS 5 DAYS 28 If LESS than 1 day, hrs. or min.  
 OCCUPATION: 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Houseman  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
 FATHER: 13. NAME Edward Murray  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 MOTHER: 15. MAIDEN NAME Mary Jackson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT (ADDRESS) Record Clerk General Hospital  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Paul Kiddal DATE Dec 19 38  
 19. FUNERAL DIRECTOR (ADDRESS) Stelling Bell  
 20. FILED Dec 17 1938 K.C. Mo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 12-4, 1938 to 12-9, 1938  
 I last saw him alive on 12-9, 1938 Death is said to have occurred on the date stated above, at 11:40 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Arterio-Sclerosis  
Chronic  
Nephritis and  
Uremia Date of onset  
 Other contributory causes of importance: 131  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no.  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury..... 19.....  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury.....  
 Nature of injury.....  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify General Hospital #2 M. D.  
 (Signed) General Hospital #2 (Address)

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STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *E. Sterling Bells*  
Licensed Embalmer No. *3178*

**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.)**