

REC'D FEB 20 1939

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

1020  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Raw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 3321 S Benton 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

(a) Residence, No. 3321 South Benton St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos. G. Nash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
63      10      22

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. Housework  
 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) Texas

13. NAME Murman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murman

15. MAIDEN NAME Murman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murman

17. INFORMANT (ADDRESS) Mrs. H. M. Parker  
3321 S Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Oklahoma City, Okla. DATE Jan 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ross & Henderson  
150 Jackson

20. FILED Jan 4 1939 M. M. Browne  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1938 to Jan 3 1939.  
 I last saw her alive on Jan 3 1939. Death is said to have occurred on the date stated above, at 7:00 m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage  
arteriosclerosis  
arteriosclerotic hypertension  
 Date of onset Dec 23, 1938  
820

Other contributory causes of importance:  
arteriosclerosis 1925  
arteriosclerotic hypertension 1925

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 \_\_\_\_\_ (Signed) Les H Pollock M. D.  
 (Address) 1314 Bryant Ave, KC, Mo.

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.

Mr. Leo Pollack  
Bryant Bldg.

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

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**