

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

35029  
Do not use this space.

1. PLACE OF DEATH  
(a) County JACKSON Registration District No. 395  
(b) Township RAW Primary Registration District No. 1007 Registered No. 4004  
(c) City MANSAS CITY (d) Street No. 322 NORTH VAN BRUNT 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 59 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MIS MARGARET ANN MURRAY  
(a) Residence, No. 322-NORTH VAN BRUNT 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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG-1-1865  
7. AGE YEARS 74 MONTHS 2 DAYS 17 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation 1  
12. BIRTHPLACE (CITY OR TOWN) CHICAGO (STATE OR COUNTRY) ILLINOIS  
13. NAME WILLIAM M. MURRAY  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTLAND  
15. MAIDEN NAME CATHERINE BUCHART  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTLAND  
17. INFORMANT MR BENJAMIN P. MURRAY (ADDRESS) 322-NORTH VAN BRUNT  
18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE 10-19-39  
19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SON (ADDRESS) 1401 BRUSH GREEN ISLND  
20. FILED Oct 18 1939 M.M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT-18, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1937, to Oct 18, 1939, 1939  
I last saw him alive on Oct 18, 1939. Death is said to have occurred on the date stated above, at 12:00 AM.  
The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
Date of onset 9/18/39  
Other contributory causes of importance:  
Name of operation..... 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?..... 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? no  
If so, specify.....  
(Signed) D.P. Giffert, M. D.  
(Address) 1225 1/2 Wells St.,

*Paula Berg*

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**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 *C. Hervey Quisenberry*

Licensed Embalmer No. *4070.*

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, above space should be left blank.**