

AUG 14 1940
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2741**

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. LULA MURRAY
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward S. Murry
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 17th, 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Rock Springs Wyoming
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER, FATHER
12. Name William H. Mellor
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Scott
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. V. F. Wasleski.
(b) Address 6425 Holmes St.

17. (a) Removal (Burial, cremation, or removal) Removal **(b) Date thereof** 7/9/40
(Month) (Day) (Year)

(c) Place: burial or cremation Denver Colorado.

18. (a) Signature of funeral director Melody-McGilley
(b) Address K. C. Mo.

19. (a) Date received local registrar July 8, 1940 **(b) Registrar's signature** M. M. Craive

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limit, write "RURAL")
(d) Street No. 6425 Holmes St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1940 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from April 14 1940 to July 6 1940 that I last saw her alive on July 6 1940 and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Failure
Myocardial Infarct
Coronary occlusion
Hypertension
with lateral Rt. pyelonephritis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 948

| Duration |
|---------------|
| <u>2 mo.</u> |
| <u>3 mo.</u> |
| <u>3 mo.</u> |
| <u>8 yrs</u> |
| <u>16 yrs</u> |

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy see above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature P. T. Bohan (M. D. or other) _____
Address Play 2nd Bldg **Date signed** 7-7-40

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

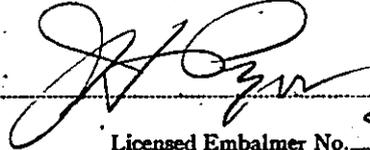
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2999 KC

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.