

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7 weeks
(Specify whether years, months or days)
In this community 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4323 Sunnyside
(If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Ellen Murray
3. (b) If veteran, No name war _____
3. (c) Social Security none No. _____

4. Sex fe 1 5. Color or race White
6. (a) Single, widowed, married, 2 divorced
6. (b) Name of husband or wife Andrew Murray (de)
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 14 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Elwood Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER

12. Name John Sean
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Catherine O'Neil
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Robert Murray

(b) Address 5601 High Drive

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation St A. Murphy

18. (a) Signature of funeral director George X Taber Co
John Lemond

(b) Address _____
19. (a) 1-25-42 (b) M. M. Crone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 42 hour 10:30 minute _____ M.
21. I hereby certify that I attended the deceased from Jan 24 1942 to Jan 23 1942
that I last saw her alive on Jan 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension
Due to arrhythmia fibrillation
Other conditions (include pregnancy within 3 months of death) _____

Major findings: 830
Of operations _____
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____
While at work? _____ (Specify type of place) _____
23. Signature Wm. M. Crone
Address 136 Argyle Blvd Jan 25

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

Dr. Ted Wilcox, 30
Argy. 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. 307
working under my personal supervision.

John Couray

Signed.....

Charles M. Quinn

.....
Licensed Embalmer No. 3634

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.