

FILED MAR 25 1943
Registration District No. **777**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution:
627 West 58th Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 627 West 58th Terrace
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Viola Dale McMurray

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James Dale

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased November 11 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>4</u>	<u>5</u>hr.min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Manager

11. Industry or business Dancing School

MOTHER FATHER {

12. Name Birney

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Carter

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl Rehn

(b) Address 627 W. 58th Ter., Kansas City, Mo.

17. (a) Cremation (b) Date thereof 3-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elnwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-16-43 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1943 hour 7:40 minute P. M.

21. I hereby certify that I attended the deceased from 1938
to Mar 15 1943
that I last saw her alive on Mar 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Memoria for
Progressive Heart failure.
Hypertension - atherosclerosis
Severe heart disease

Due to 9 1/2 ft

Other conditions (Include pregnancy within 3 months of death)

Duration

2 weeks

2 yrs

5 1/2 yrs

PHYSICIAN

Major findings:
Of operations None

Of autopsy None

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) (e) Means of injury _____

23. Signature Paul B. ... (M. D. or other) M
Address 924 Perry Blk, K.C.Mo. Date signed 3-16-43

4-30
Purple Ridge
Wm. Francis Kelly

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, fact should be so stated above.