

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 13 1943

2869

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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: General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether
 in this community all her life 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. 824 Linwood (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Catherine McMurray
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 28
 year 1943 hour 3 minute AM.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased July 19 1868
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 27 1943 to June 28 1943,
 that I last saw her alive on June 28 1943,
 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 11 Days 9 If less than one day hr. min.

Immediate cause of death Cerebral hemorrhage
 Due to 830
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy see above

10. Usual occupation at home

11. Industry or business X
 12. Name Patrick McMurray
 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Dee Connell
 (b) Address Park Central Hotel, Kansas City, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-43 (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. St. Mary's Cemetery

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? _____

18. (a) Signature of funeral director Stine & McClure
 (b) Address 3235 Gilham Plaza, K. C., Mo.
 19. (a) 6-28-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury _____
 23. Signature Henry P. Johnson (M. D. or other) _____
 Address _____ Date signed _____

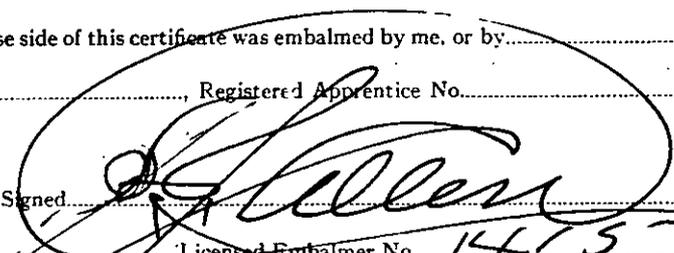
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

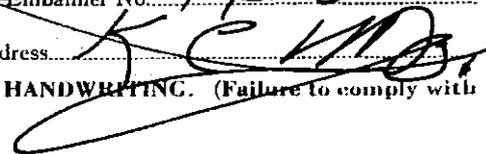
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... 

Licensed Embalmer No. 1413

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.