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FILED FEB 3 1944

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No. 5726

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hrs. 20 min
In this community unk (Specify whether years, months or days)

3. (a) PRINT FULL NAME Paul G. Murray

3. (b) If veteran, name war unk 3. (c) Social Security No. unk

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. April 6 1915
(Month) (Day) (Year)

8. AGE: Years 28 Months 7 Days 24 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business _____

12. Name unintelligible

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

14. Maiden name unintelligible

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

16. (a) Informant Record Clerk

(b) Address Gen'l Hosp. No. 1

17. (a) Burial (b) Date thereof 2-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation buried

18. (a) Signature of funeral director Wm. A. Schmeckel

(b) Address City, Mo. 12-31-43

19. (a) 12-31-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

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. 1615 Poplar
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1943 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from November 30, 1943 to November 30, 1943
that I last saw h. in alive on November 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac decompensation resulting in pulmonary edema Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 95c2

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature Amey R. Shown (M. D. or other) _____

Address Med. Dir. Gen'l Hosp. Date signed 12-1-43

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.....

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.