

FILED MAR 6 1944  
 1949  
 Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: Jackson  
 (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: **Municipal Auditorium, 3 13th and Wyandotte**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **XX**  
(Specify whether)  
 In this community **34 years**  
years, months or days)

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

4. Sex **Ma** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Helen Murray** 6. (c) Age of husband or wife if alive **50 years**  
 7. Birth date of deceased **February 19 1889**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **0** Days **4** If less than one day  
hr. min.

9. Birthplace **Philadelphia Pa.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Owner**

11. Industry or business **Murray Transfer Co.**

MOTHER FATHER { 12. Name **Joseph Murray**  
 13. Birthplace **New York**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Jennie Fleming**  
 15. Birthplace **Philadelphia Pa.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Helen Murray**  
 (b) Address **4347 College**

17. (a) **Burial** (b) Date thereof **2-26-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **J. W. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **2-25-44** (b) **P. E. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson** **78**  
 (c) City or town **Kansas City** **2**  
(If outside city or town limits, write "RURAL") **8**  
 (d) Street No. **4347 College**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **23rd**  
 year **1944** hour **9:00** minute **P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_\_  
 that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic obstructive pulmonary disease**  
 Due to **Acute pulmonary edema**  
 Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations **9/4**  
 Of autopsy **See report**

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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) **0 2/24/44**  
 Address \_\_\_\_\_ Date signed **14**

**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..... *P. A. Johnson* .....

Licensed Embalmer No..... *2361* .....

P. O. Address..... *2512 Holman* .....

**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.**