

FILED SEP 7 1944  
District No. 1944/9

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 Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2308 Agnes Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Missouri  
(If outside city or town limits, write "RURAL") 1/0

(d) Street No. 2308 Agnes Street  
(If rural, give location) 5

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country 0

3. (a) PRINT FULL NAME Mr Henry Francis MURRAY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Osie May Murray

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased September 14 1857  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th  
year 1944 hour 9:10 minute P. M.

21. I hereby certify that I attended the deceased from June 12, 1944  
to Aug 25, 1944  
that I last saw him alive on Aug 24, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>86</u>	<u>11</u>	<u>11</u>	hr. min.
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Immediate cause of death Central Hemorrhage 3.2.44

9. Birthplace La Salle Co Illinois  
(City, town, or county) (State or foreign country)

Due to Hypertension

10. Usual occupation Retired

Due to Arteriosclerosis

11. Industry or business Carpenter.

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

12. Name Mathias Murray

Major findings: Of operations 93 d

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

Of autopsy \_\_\_\_\_

14. Maiden name Ann Loose

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

16. (a) Informant Benjamin Murray

(b) Address 2310 Agnes Street

17. (a) Removal (b) Date thereof 8-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada, Missouri

18. (a) Signature of funeral director Mellody-McGilley

(b) Address Kansas City Missouri.

19. (a) 8-28-44 (b) N. E. Brown.  
(Date received local registrar) (Registrar's signature)

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 A. B. Boyer D.O. (M. D. or other) \_\_\_\_\_

Address 1009 E. 47th St. Mo. Date signed 8/26/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr Arthur B. Boyer 1009 Ea. St. 47th Street We 7108

**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.....

*Arthur B. Boyer*  
2999

Licensed Embalmer No.....

P. O. Address.....

KC

**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.**