

FILED AUG 4, 1945

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 3098

1. PLACE OF DEATH:

(a) County Jack son
(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 locality)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 48
(c) City or town Luckner, M
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Murdock

3. (b) If veteran, name war no 3. (c) Social Security No. 496-26-0984

4. Sex m, 0 5. Color or race w 6. (a) Single, widowed, married, divorced wife

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

7. Birth date of deceased Dec 30 1896
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 27 23 hr. _____ min. If less than one day

9. Birthplace Accola Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Eva M. Murdock

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

14. Maiden name Unknown

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

16. (a) Informant William Belcher

(b) Address West Plains Mo.

17. (a) Burial (b) Date thereof 7-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Bur.

18. (a) Signature of funeral director Repat Funeral Home

(b) Address Buckner Mo.

19. (a) 7-24-45 (b) Stearldine Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1945 hour 2 minute 35 A. M.

21. I hereby certify that I attended the deceased from July 23 45 to July 23 45 that I last saw him alive on July 23 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Dilatation

Due to: Generalized arteriosclerosis & moderate coronary sclerosis

Other conditions: 94a
(Include pregnancy within 3 months of death)

Major findings: Chronic Passive Congestion of Lungs, Liver, Spleen & Kidneys

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) (Country) (Other)
(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 Clark W. Seely M.D. Med. Dir. K.C. General Hospital

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

MOTHER FATHER

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 *Dixon L. Kelsey*.....

Licensed Embalmer No. 4225.....

P. O. Address Indep. mo.....

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.