S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 8 1945

State File No. 29795

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3997

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: 2305 EAST 28TH STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 53 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2305 EAST 28TH STREET 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country ---

3. (a) PRINT FULL NAME MR. EDWARD THORNTON McMURTRY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. MARTHA E. McMURTRY

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased AUGUST (Month) 18 (Day) 1876 (Year)

8. AGE: Years 69 | Months 1 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace GIRAD COUNTY (City, town, or county) KENTUCKY (State or foreign country)

10. Usual occupation BARBER

11. Industry or business DIXON

FATHER
12. Name ALEXANDRIA McMURTRY
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name ELIZABETH McFEET
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MRS. MARTHA E. McMURTRY

(b) Address 2305 EAST 28TH STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 29 1945 (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director O. W. Newcomer Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-28-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 25TH year 1945 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1930, 19__, to Sept 25, 1945 that I last saw him alive on Sept 22, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial degeneration	5 yrs
Due to arterial hypertension	10 yrs +
Due to unknown causes	
Other conditions Chr. arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Herbert Tuthill (M. D. or other) M.D.

Address 1211 Rialto Bldg. Date signed Sept 26-45

(Licensed Embalmer's Statement on Reverse Side)

11-5 Realty Bldg.

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. 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.