V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30693

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 66

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town GRANDVIEW

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

(c) Name of hospital or institution: /

(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)

In this community 14 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON

(c) City or town GRANDVIEW

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME THERESA ALMA MURRAY

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife THOMAS W. MURRAY

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased JULY (Month) 5 (Day) 1880 (Year)

8. AGE: Years 65 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER 12. Name SAM HOSFORD

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

MOTHER 14. Maiden name JULIA CURRIER

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

16. (a) Informant T. W. MURRAY

(b) Address GRANDVIEW, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof AUG 28, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation BELTON, MO.

18. (a) Signature of funeral director E. K. GEORGE & SONS

(b) Address GRANDVIEW, MO

19. (a) 8/28/45 (Date received local registrar) (b) Dr. Annie C. Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26 year 1945 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from Aug 2nd 1945 to Aug 25 1945 that I last saw her alive on Aug 25 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

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

23. Signature R M Miller (M. D. or other)

Address Belton Mo Date signed 8-26 1945

1152 (Licensed Embalmer's Statement on Reverse Side)

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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.