

S. No. 2
 OM-2-43
 v. 5-17-39
 I X35897

9530

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 9561
 Registrar's No. 1600

FILED APR 10 1946

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: General Hospital
 (d) Length of stay: In hospital or institution 3-5-46 - 3-30-46
 In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Jackson 48
 (c) City or town Kansas City
 (d) Street No. 3109 - Brooklyn
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME MARTHA MEMURTRY
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 30
 year 1946 hour 8 minute 40 A.M.

4. Sex Male 5. Color of race Wh.
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Edward McMurtry
 6. (c) Age of husband or wife if alive years 18-1881
 7. Birth date of deceased July 18-1881

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

8. AGE: Years 64 Months 8 Days 12
 If less than one day hr. min.

Immediate cause of death: Pneumonia
 Due to fracture of hip

9. Birthplace Sedalia MO
 10. Usual occupation Housewife

Due to
 Other conditions (include pregnancy within 3 months of death)
 1862-5

11. Industry or business
 12. Name No record
 13. Birthplace
 14. Maiden name
 15. Birthplace

PHYSICIAN
 Major findings: Of operations
 Of autopsy: No
 Underline the cause to which death should be charged statistically.

16. (a) Informant Coroners Office
 (b) Address Court House
 17. (a) Burial (b) Date thereof 4-3-46
 (c) Place: burial or cremation Elmwood

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident 123
 (b) Date of occurrence 3-5-46
 (c) Where did injury occur? Rd. Jackson mo
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 In home

18. (a) Signature of funeral director: [Signature]
 (b) Address: 7406 - Spruce St.
 19. (a) 4-3-46 (b) [Signature] (Registrar's signature)

While at work? No (Specify type of place)
 (c) Means of injury Fall
 23. Signature [Signature] (M.D. or other)
 Address 1424 N. 1st Date signed 4-3-46

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

8455

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 Harry Bergman

Licensed Embalmer No. 2041

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.