S. No. 2
OM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20417

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 2632

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: Gardner & Topping Sts. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Johnson 999
(c) City or town Kansas City Kans. 14
(If outside city or town limits, write "RURAL")
(d) Street No. 2604 No 34th St., 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Travis Spencer Murray
3. (b) If veteran, name war no
3. (c) Social Security No. 702-12-1915
4. Sex male 1
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Ruby Murray
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased March (Month) 29 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
64	2	13	hr. min.

9. Birthplace Bollinger Co. (City, town, or county) Mo. 6 (State or foreign country)
10. Usual occupation car inspector
11. Industry or business K.C. Southern R.R.
FATHER
12. Name Henry J. Murray 0
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Sarah Dunlap 0
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Ruby Murray
(b) Address 2604 North 34th St. K.C.K.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cemetery K.C.K.
18. (a) Signature of funeral director Fairweather Werner
(b) Address 1734 Washington Blvd. K.C.K.
19. (a) 6-14-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1946 hour 2 minute 45 P.M.
21. I hereby certify that I attended the deceased from Coma, 19..., to, 19...; that I last saw h... alive on, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis	
Due to: Arterio sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 940	

Major findings:
Of operations
Of autopsy none
History & Investigation

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 3

23. Signature [illegible] (M. D. or other)
Address 1424 Gillham Blvd. Date signed 6-12-46

(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 John P. Sheil

Licensed Embalmer No. 3625

P. O. Address Kansas City, 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.