

No. 2
12-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33671**
4464
Registrar's No.

FILED NOV 6 1946
Registration District No. **1002**

Primary Registration District No. **1002**

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 HOURS**
(Specify whether
In this community **46 YEARS**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **4100 E. 56 St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Wilson G. GENTRY⁴³ McMurray**

3. (b) If veteran, name war **WORLD WAR I** 3. (c) Social Security No. **486-09-9564**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

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

7. Birth date of deceased **FEBRUARY 2 1891**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	8	19	hr. min.

9. Birthplace **HURTSBORO ALABAMA**
(City, town, or county) (State or foreign country)

10. Usual occupation **MAILING CLERK**

11. Industry or business **DRYERS TELEGRAM**

MOTHER FATHER

12. Name **JAMES M^c MURRY**

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

14. Maiden name **STELLA GENTRY**

15. Birthplace **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Ruby Lou M^c Murray**

(b) Address **4100 E. 56th St.**

17. (a) **BURIAL** (b) Date thereof **OCT-24-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MEMORIAL PARK CEMETERY**

18. (a) Signature of funeral director **D. H. Heiscomer**

(b) Address **1401-BRUSH GREEN BLVD.**

19. (a) **10-24-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **21**
year **1946** hour **2** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Oct. 21**, 19**46** to **Oct. 21**, 19**46**.
that I last saw him alive on **Oct. 21**, 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Lymphoblastoma (mediastinal) Adhesive pericarditis-Coronary sclerosis with myocardial fibrosis**
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **See above**

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Wm W. Hart** (M. D. or other) **10-22-46**

Address **Med. Dir. Gen'l Hosp.** Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FEB 27 1967
FEB 27 1967
FEB 27 1967

SEP 23 1967

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 *Emile M. Colburn*

Licensed Embalmer No. *3506*

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.