

FILED FEB 17 1947

Registration District No. _____

Primary Registration District No. 5515

Registrar's No. 5

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: ✓ 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 18 YEARS
years, months or days)

3. (a) PRINT

FULL NAME THOMAS WILLIAM MURRAY
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife THERESA MURRAY 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased August 11 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 18
If less than one day hr. _____ min. _____

9. Birthplace OSCEOLA MO. D
(City, town, or county) (State or foreign country)

10. Usual occupation GROCCER

11. Industry or business GROCERY STORE RETAIL

12. Name UNKNOWN MURRAY

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

14. Maiden name UNKNOWN

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

16. (a) Informant G. C. MURRAY

(b) Address GRANDVIEW, MO.

17. (a) BURIAL (b) Date thereof JAN. 31, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director B. F. Thompson

(b) Address GRANDVIEW MO.

19. (a) Feb 4-47 (b) Dr. Annie B. Hedges
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town GRANDVIEW
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 29
year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from JANUARY 29, 1947, to _____, 19____;
that I last saw him alive on JANUARY 29, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE Duration 14 hrs.

Due to HYPERTENSION

Due to ARTERIOSCLEROSIS, cause undetermined

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations G 39

Of autopsy _____

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 _____

Signature Herbert A. Tracy (M. D. or other) M.D.
Address BELTON, MO. Date signed JAN 30 1947

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

MOTHER FATHER

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.