

No. 2
-12-45
5-17-39
X47070

FILED NOV 24 1947

Registration District No. **149**

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **1 mo. 21 days**
(Specify whether years, months or days)

In this community **Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **906 East 78th Terrace** **8**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **10**
If yes, name country

3. (a) PRINT **MRS. HELEN K. MURRAY**
FULL NAME

3. (b) If veteran, name war **XX**

3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **2 Widowed**

6. (b) Name of husband or wife **John F. Murray**

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

7. Birth date of deceased **January 20 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56 9 20 hr. min.

9. Birthplace **Kansas City** **1 Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **John J. Kirby**

13. Birthplace **0 Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Z Merrified**

15. Birthplace **0 Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Frank J. Raimo**

(b) Address **5540 Holmes St.**

17. (a) **Burial** (b) Date thereof **11-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (c) Signature of funeral director **J. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **11-11-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **10th**
year **1947** hour **7:** minute **55 A. M.**

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

Immediate cause of death **Arterial Failure**
Rheumatic Heart Disease

Due to **Arterial Failure**

Due to **Disease**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **95%**
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?

(Specify type of place) **0**
While at work **0** **U.S. Worker** **0** **mp**
Cause of injury **0**

23. Signature **U.S. Worker** (M. D. or other) **0**
Address **2800 Main** Day **11/10/47**

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 Cecil R Matthes

Licensed Embalmer No. 3807

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.