No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1247

FILED FEB 3 1948

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 284

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: 924 HIGHLAND (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 Yrs. 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. 924 HIGHLAND (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PAULINE MURRY
3. (b) If veteran, name war NO
3. (c) Social Security No. none
4. Sex FEMALE 3 Color or race Negro
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife PARKER MURRY
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN. ~~Feb~~ (Month) 8 (Day) ~~1908~~ 1906 (Year)

8. AGE: Years ~~36~~ 42 Months ~~11~~ 0 Days 10 If less than one day hr. min.

9. Birthplace HOPE ARKANSAS (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name AARON SMITH
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY Wright
15. Birthplace COLUMBIA ARKANSAS (City, town, or county) (State or foreign country)
16. (a) Informant MARY SELMON
(b) Address 1709 E 11 St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation HIGHLAND Cem
18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine KC MO
19. (a) 1-21-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 18 year 1948 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Deputy - Coroner 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Hypertensive Heart Disease

Due to Acute Alcoholism

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy No-Permit

Duration

PHYSICIAN

Underline the cause of 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

23. Signature Phillips (M. D. ~~or other~~)
Address 2636 - Brooklyn Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

1-20-48

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

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 E. Sterling Bell

Licensed Embalmer No. 3178

P. O. Address 1212 Vine 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.