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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33026

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4167

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: K.C.T.B. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 11 days (Specify whether years, months or days)

In this community not known

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Kansas City 2 8 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 607½ Main St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: John Murray

3. (b) If veteran, name war: not known

3. (c) Social Security No.: no record

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: single 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: December (Month) 27 (Day) 1878 (Year)

8. AGE: Years 69 Months 9 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: not known

11. Industry or business:

FATHER 12. Name: James Murray

13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER 14. Maiden name: McGrab, Mary

15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant: K.C.T.B. Hospital

(b) Address: Leeds Station, K. C. Mo.

17. (a) Anatomical (Burial, cremation, or removal) (b) Date thereof 10/12/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Jackson County Med. Soc.

18. (a) Signature of funeral director: Weilert Funeral Home

(b) Address: 2332 Monitor Place

19. (a) 10-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3 year 1948 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from August 23, 1948 to October 3, 1948; that I last saw him alive on October 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 13 N	
Major findings: Of operations:	
Of autopsy:	

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) 0

While at work? (e) Means of injury:

23. Signature: G. K. Landis (M. D. or other) G. K. Landis

Address: K. C. Tbc. Hosp. Date signed 10/3/48

(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 Blaine E. Weitert

Licensed Embalmer No. 4075

P. O. Address K.C. 8, 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.