

MAILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23546**
2851
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN Iron Springs		c. LENGTH OF STAY (in this place) all of life	c. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN Kansas City, Mo.		48
d. FULL NAME OF HOSPITAL OR INSTITUTION 1310 E. 14th St. 1			d. STREET ADDRESS (If rural, give location) 1310 E. 14th St. 10		

3. NAME OF DECEASED (Type or Print) ANNA ALEXANDER MURRAY			4. DATE OF DEATH (Month) (Day) (Year) June 29, 1949				
5. SEX Female	b. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 10, 1894	9. AGE (In years last birthday) 55	F UNDER 1 YEAR 3	G UNDER 1 YEAR 19	H UNDER 1 YEAR 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life. (See if retired). Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Henry Alexander	13b. MOTHER'S MAIDEN NAME Anna Moore	14. NAME OF HUSBAND OR WIFE Ray Murray
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ralph Alexander	ADDRESS 2521 Park & C.M.
---	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia ANTECEDENT CAUSES DUE TO (b) Multiple Abscesses. DUE TO (c) Diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
--	---	--	----------------------------------

19a. DATE OF OPERATION 7-2-49	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 260X YES <input type="checkbox"/> NO <input type="checkbox"/>
---	----------------------------------	---

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **June 1-49**, to **June 29, 1949**, that I last saw the deceased alive on **6-29, 1949**, and that death occurred at **2 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE L. V. Miller (Degree or title)	23b. ADDRESS 1211 Paseo	23c. DATE SIGNED July 2 49
--	-----------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 7-2-49	24c. NAME OF CEMETERY OR CREMATORY Lincoln	24d. LOCATION (City, town, or county) (State) K.S.
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. 7-3-49	REGISTRAR'S SIGNATURE Steraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Fannie T. Meier	ADDRESS 1708 E. 18th St. K.C.
---	---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Maynard C. Williams

Signed.....
Student Embalmer

Licensed Embalmer No. 4653

P. O. Address D. 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.