

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26988

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3485

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>4 MOS.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9th & Oak (Snyderhoff Hotel)</u>		d. STREET ADDRESS (If rural, give location) <u>Snyderhoff Hotel 9th & Oak</u>	

3. NAME OF DECEASED (Type or Print) <u>BERNICE MARY R MURRAY MURRAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 9 1949</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	
8. DATE OF BIRTH <u>1876 9-21-1876</u>		9. AGE (Years) (Months) (Days) <u>79</u>		10. IF UNDER 1 YEAR: Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>W. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Boudon</u>		14. NAME OF HUSBAND OR WIFE <u>W. Murray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. NEAREST RELATIVE OR ADDRESS <u>LEE GUARAY HOYT, KANS.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the direct injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dist. Hypertension</u> DUE TO (c) <u>+ Cerebral Hemorrhage</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>History & Inspection</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ruth H. Owens</u> (Degree or title) <u>Assistant H. County Coroner</u>		23b. ADDRESS <u>1034 Auto Bldg</u>		23c. DATE SIGNED <u>8-10-49</u>	
24a. BURIAL / CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/12/49</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
				24d. LOCATION (City, town, or county) (State) <u>HOYT, KANS.</u>	

DATE REC'D BY LOCAL REG. <u>8-12-49</u>		REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & MCCLURE UND. CO. KANSAS CITY MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wrights Body

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.

Student _____
Student Embalmer

Signed S J Allen

Licensed Embalmer No. 1415

P. O. Address K E 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson } ss.

State File No. 2495
Local Registrar's No. 3485-49

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13th day of October, 1949, before me appears Gladys
Mc Bride, who, upon her oath, states that the original record of ^{birth} death
for Mary R. Murray, ^{died} August 9, 1949, in the State of
Missouri, and which was filed at Kansas City on 8-17, 1949, should be corrected as follows:

- Item No. 8 should read September 21, 1876
Instead of September 21, 1874
- Item No. 9 should read 72 1/2 years
Instead of 74 years
- Item No. 13-a should read Geo. W. James
Instead of James unknown
- Item No. 13-f should read Catherine Bourdon
Instead of unknown
- Item No. 17 should read Gladys Mc Bride, 4379 Charlotte
Instead of Lee Murray, Hoyt, Kansas
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

(birth date ^{and parents} names verified by baptismal certificate) as

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Gladys Mc Bride (Niece) Relationship.
4379 Charlotte, K. C. Mo. Present Address.

Subscribed and sworn to before me this 13th day of October, 1949.

My Commission expires Oct. 21, 1951 Barrie M. Puppelins Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-26988