

FILED OCT 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. **29780**

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

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>129</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs, Mo.</u>		c. LENGTH OF STAY (In this place) <u>4 mo. 11 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hosp. Excelsior Springs, Missouri</u>				d. STREET ADDRESS (If rural, give location). <u>2010 N. 5th Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Murrell</u>	
4. DATE OF DEATH		(Month) <u>September</u>		(Day) <u>26</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Black</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 19, 1905</u>	
9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 MIN. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Meat company</u>		11. BIRTHPLACE (State or foreign country) <u>McAllister, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Murrell</u>		13b. MOTHER'S MAIDEN NAME <u>Abbie Clark</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War II</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, VA Hospital</u>		ADDRESS <u>Excelsior Springs, Mo.</u>	
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) <u>Tuberculosis, pulmonary, reinfection type, far advanced, active, severe symptoms</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>		002X			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					
20. AUTOPSY? YES <input checked="" 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 <u>May 16</u> , 19 <u>50</u> , to <u>Sept. 26</u> , 19 <u>50</u> , that I took months to determine <u>the death occurred at 6:25 a.m., from the causes and on the date stated above.</u>							
23a. SIGNATURE <u>Roy K. Smith</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>9-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>SEPT 27/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>not known</u>		24d. LOCATION (City, town, or county) (State) <u>(Kansas) City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>9/27/50</u>		REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u> ADDRESS <u>Winged Hope, Excelsior Springs, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)



NOV 3 1950

JUN 2 1951

OCT 6 1950
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed James A. Moles

Signed.....
Student Embalmer

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs

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.