

FILED MAY 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16685  
2031  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |                                  |   |   |  |   |
|---|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b>   |   | b. COUNTY<br><b>Jackson</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>- Kansas City</b>  |                                  | c. LENGTH OF STAY (In this place)<br><b>70 yrs</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Lindeman Nursing Home</b>   |                                  | d. STREET ADDRESS (If rural, give location)<br><b>2318 Colloge</b>  |   |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>John</b>  |                                  |   | b. (Middle) <b>J.</b>                                       |  |   |
| c. (Last) <b>MC MURRAY</b>  |                                  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 9, 1951</b> |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>  | 8. DATE OF BIRTH<br><b>March 16, 1876</b>                   | 9. AGE (In years last birthday)<br><b>75</b>   | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Maintenance (Retired)</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Chancery Office</b>   |   | 11. BIRTHPLACE (State or foreign country)<br><b>New York</b>                               |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |                                  | 13a. FATHER'S NAME<br><b>Patrick McMurray</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Bridget O'Shay</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Ellen McMurray</b>  |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |   | 16. SOCIAL SECURITY NO.<br><b>none</b>   |   |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Miss Kathryn McMurray</b>   |                                  | ADDRESS<br><b>2318 Colloge, KC, Mo.</b>   |   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                           |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><b>Carcinoma of Lung</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 yr</b><br><br><b>16/18</b>                 |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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 <b>10/24, 1950</b> , to <b>3/9, 1951</b> , that I last saw the deceased alive on <b>3/9, 1951</b> , and that death occurred at <b>11:30 a.m.</b> , from the causes and on the date stated above. |                                  |   |   |  |   |
| 23a. SIGNATURE <b>Richard L. Lehner</b> (Degree or title)<br><b>Richard L. Lehner M.D. MD</b>   |                                  |   | 23b. ADDRESS <b>1102 63rd St. N.C. Mo.</b>                  |  | 23c. DATE SIGNED <b>5/11/51</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24b. DATE<br><b>5-12-51</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Olivet</b>                                    |   |
| 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>   |                                  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Melody-McGilley-Eylar</b>  |   |  |   |
| DATE REC'D BY LOCAL REG.<br><b>5-11-51</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>Sheraldine Holmes</b>   |   | ADDRESS<br><b>Melody-McGilley-Eylar, Kansas City, Mo.</b>                                  |   |

(Licensed Embalmer's Statement on Reverse Side)

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

4

3078  
2031

*D. Richard L. Lehman  
Bryant Bldg VI - 3998  
after 1 pm*

**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.....

*[Handwritten Signature]*  
2999

Licensed Embalmer No. ....

P. O. Address..... *RC*

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.