

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5715
Do not use this space.

1. PLACE OF DEATH

(a) County Gascon Registration District No. 399
(b) Township Raw Primary Registration District No. 1002
(c) City K. C. Mo. (d) Street No. Beauchamp Bldg. Registered No. 781
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Jaura Bell Hurst 698
(a) Residence, No. 915 E 33 St St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Hurst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 6 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. no
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

FATHER 13. NAME William Hurst

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Derek Hurst
Dexter New Mexico

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Feb. 16

19. FUNERAL DIRECTOR (ADDRESS) D. W. Neumann

20. FILED Feb 16 1938 M. M. Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1938, to Feb. 14, 1938
I last saw h. e. r. alive on Feb. 14, 1938. Death is said to have occurred on the date stated above, at 9:35 P.M.

The principal cause of death and related causes of importance were as follows:

Tumor of the kidney, left, Date of onset
53

Other contributory causes of importance:
Arteriosclerotic heart disease
Chronic myocarditis

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. Wallace Burnett, M. D.
(Address) 1016 Professional Bldg., Kansas City, Mo.

CAUSE OF DEATH in plain terms, so that it can be read by laymen. Exact statement of cause of death.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)

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