N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 12 1938

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

221160
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 2610
(c) City Kansas City — (d) Street No. 5331 Highland St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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. ds.

2. PRINT FULL NAME Wilhemina (Whileminna) Hurlbert 641
(a) Residence, No. 5331 Highland St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Hurlbert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): No Record
7. AGE: YEARS 81 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: None
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): LaCrosse Wisconsin 1

FATHER
13. NAME: William Timp 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record 9

MOTHER
15. MAIDEN NAME: Johanna Lap
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

17. INFORMANT (ADDRESS): Sister Camille 5331 Highland
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Calvary - K.C. Kansas DATE: June 29, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Quirk & Tobin Co. Kansas City, Missouri
20. FILED: 6/29, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct, 1932 to June 26, 1938
I last saw her alive on June 26, 1938 Death is said to have occurred on the date stated above, at 18 m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocardosis 6 weeks — Date of onset 93c
Other contributory causes of importance: Arteriosclerosis 15 years
Name of operation — Date of —
What test confirmed diagnosis observation Was there an autopsy? No
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?
If so, specify
(Signed) Paul V O'Rourke M. D.
(Address) 1402 Bryant Bldg

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.