

REC'D JUL 19 1938

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

21498  
Do not use this space.

1. PLACE OF DEATH  
(a) County Cape Girardeau | Registration District No. 126  
(b) Township Cape Girardeau | Primary Registration District No. 3009  
(c) City Cape Girardeau | (d) Street No. S. E. MO. HOSPITAL Registered No. 128  
(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 HURST, No GIVEN NAME  
(a) Residence, No. MARBLE HILL MO St.  Marble Hill Mo  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 26-1938  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min. 6  
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. None  
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARBLE HILL MO

FATHER 13. NAME HUBERT HURST

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau County

MOTHER 15. MAIDEN NAME Helen Croder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellinger County Mo

17. INFORMANT (ADDRESS) Hubert Hurst Marble Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marble Hill Mo DATE 6-3-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) HUBERT HURST Marble Hill Mo FATHER

20. FILED 6-3-38 John L. Thompson (Address) Cape Girardeau  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 - 1938

22. I HEREBY CERTIFY, That I attended deceased from May 26 1938, to June 2 - 1938.  
I last saw him alive on June 1st 1938. Death is said to have occurred on the date stated above, at 12:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Premature birth - Jaundice Secondary Cause  
Date of onset

Other contributory causes of importance: None

Perhaps septicemia?

Name of operation None Date of

What test confirmed diagnosis? None 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 None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Carl H. Thompson M. D. (Address) Cape Girardeau

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM 1 X-14023

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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 .....

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 comply with the above constitutes grounds for revocation of license.)**

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