

DECEMBER 7 1938

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

32430

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township _____ Primary Registration District No. 3020 Registered No. _____
(c) City Carthage (d) Street No. Mc Cune Brooks Hospital 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 Mrs. Elizabeth Hills Hurrell

(a) Residence, No. Golden City, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Hurrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 22, 1901

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
36 8 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife

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) Kansas City D
(STATE OR COUNTRY) Missouri |

13. NAME Harry D. Hills |
14. BIRTHPLACE (CITY OR TOWN) Massachusetts |
(STATE OR COUNTRY)

15. MAIDEN NAME Amy Knapp
16. BIRTHPLACE (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

17. INFORMANT Mr. Hurrell
(ADDRESS) Golden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE September 10, 1938

19. FUNERAL DIRECTOR Ulmer Funeral Home
(ADDRESS) Carthage, Mo.

20. FILED Sept 3, 1938 E. J. Mc Intire, M. D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1938

22. DECEASED CERTIFY, That deceased deceased from Sept 2, 1938, to Sept 3, 1938

I last saw him alive on Sept 3, 1938. Death is said to have occurred on the date stated above, at 1 A m.

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

Superior Mesenteric thrombosis.
General peritonitis.
Date of onset 8/31/38

Other contributory causes of importance:

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? no Date of injury _____, 19____

Where did injury occur? home
(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 _____
1938

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) George H. Wood, M. D.
(Address) Carthage, Mo.

RECEIVED
District Health Officer No. 6,
District File Number 6-98-278
Date Filed 10-5-38

STATEMENT BY LICENSED EMBALMER

I, E. E. Emler, Licensed Embalmer No. 2222

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

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed E. E. Emler

Licensed Embalmer No. 2222

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.)