DR JAMES

DEC 1 JAN 14 1939

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

43091
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE — Registration District No. 318
(b) Township — Primary Registration District No. 2001 — Registered No. 955
(c) City SPRINGFIELD — (d) Street No. ST JOHN HOSP 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 640 INFANT SON OF MR AND MRS J. N. HURLEY
(a) Residence, No. ST PAUL MINN St. (Usual place of abode, if no street address, write county or city) — St Paul Minn (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) INFANT
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 11TH 1938
7. AGE ✓ YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) SPRINGFIELD MO

FATHER
13. NAME J. N. HURLEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WELLINGTON OHIO

MOTHER
15. MAIDEN NAME BETTY WARDEN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GALENA KANSAS

17. INFORMANT (ADDRESS) MRS JOE HULSEY 1836 N ROGERS
18. BURIAL, CREMATION, OR REMOVAL PLACE EASTLAWN DATE DEC 13 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) HERMAN LOHMEYER SPRINGFIELD MO
20. FILED Dec 13, 1938 Chas A George MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 11, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1938, to Dec 11, 1938
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:
Prematurity — Date of onset
Other contributory causes of importance:
Congenital Hydro-nephrosis Bi Lateral
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
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) Joseph D James, M. D.
(Address) Springfield Mo

Licensed Embalmer's Statement on Reverse Side)

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.

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 compl with the above constitutes grounds for revocation of license.)

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