

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

9874
Do not use this space.

1. PLACE OF DEATH **REC'D APR 1-X 1939**
 (a) County Andrew Registration District No. 9
 (b) Township Benton Primary Registration District No. 4009
 (c) City Rosmdale mo (d) Street No. _____ 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 Jerry M. Hurst
 (a) Residence, No. Rosmdale 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 8 22

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

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) Andrew mo

FATHER 13. NAME Abram Hurst

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

MOTHER 15. MAIDEN NAME Margaret Cole

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

17. INFORMANT (ADDRESS) Mora Hurst Bolchow mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 3-19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. C. Breit Savannah mo

20. FILED Mar 20 1939 W. S. Wood Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17 1939

22. I HEREBY CERTIFY, That I attended deceased from Dr. J. H. Kelly 1939, to Mar 17th 1939
 I last saw him alive on Mar 17th 1939 Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:
Aortic insufficiency and mitral stenosis
 Date of onset 1 yr

Other contributory causes of importance:
Influenza and pneumonia
 Date of onset 4 days

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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? no
 If so, specify _____
 (Signed) Arthur H. Kelly _____, M. D.
 (Address) Bolchow mo

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.

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RECEIVED

District Health Officer No. 113

District File Number 39-376

Date Filed APR 14 1939

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.