

REC'D MAY 10 1939

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

14056
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 3 Registration District No. 399
(b) Township Rau Primary Registration District No. 1802
(c) City Kansas City (d) Street No. Valerius Cafe Registered No. 1810
(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 George Adolphus Gurley Hurley
(a) Residence, No. 3714 Bellevue 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 male 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 Virginia M. Gurley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-7-1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 71

8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Publisher
9. Industry or business in which work was done, as saw mill, bank, etc. Publisher
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) Georgia

FATHER 13. NAME James M. Gurley

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

MOTHER 15. MAIDEN NAME Anna Simmons

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

17. INFORMANT (ADDRESS) P. U. Fellhauer

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cemetery DATE 4/29/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sturck & Proffner

20. FILED May 1, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/28/39 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, m.

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

Coronary thrombosis Date of onset

Chronic myocardial infarction

Other contributory causes of importance:

W

Name of operation Date

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? 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 Asst. Cash M. D.

(Signed) M. M. Brown

(Address) Local Registrar.

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STATEMENT BY LICENSED EMBALMER
CONVENTION OF THE NATIONAL ASSOCIATION
OF EMBALMERS

NOV 30 1941

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.