

REC'D MAY 18 1939

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

14698
Do not use this space.

1. PLACE OF DEATH
 (a) County Cooper 2 Registration District No. 219
 (b) Township Kellie 1 Primary Registration District No. 4132 Registered No. _____
 (c) City Bunceton (d) Street No. _____
 (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.
630
 2. PRINT FULL NAME Matilde Margaret Hurt
 (a) Residence, No. _____ 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) Widowed
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF B. F. Hurt
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 11 11
 OCCUPATION 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) (STATE OR COUNTRY) Cooper County, Mo.
 FATHER 13. NAME Frank Langhop
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Liona Lois Hurt Bunceton, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bunceton, Mo. DATE 4-29-39
 19. FUNERAL DIRECTOR (ADDRESS) Parker Funeral Service Bunceton, Mo.
 20. FILED 4-28 1939 Ann Whitaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939
 22. I HEREBY CERTIFY, That I attended deceased from not attended, 19-, to -, 19-
 I last saw h. not seen alive about 19-. Death is said to have occurred on the date stated above, at 5 P.M.
 The principal cause of death and related causes of importance were as follows:
Suicide by cut Throat and cut left wrist
 Date of onset April 27, 39
 Other contributory causes of importance: 168
 Name of operation none Date of -
 What test confirmed diagnosis? visual Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury Apr 27, 1939
 Where did injury occur? at her home Bunceton Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. at her home
 Manner of injury Cut with butcher knife
 Nature of injury cut throat and cut left wrist
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. C. Fincher H. M. D.
Boonville Mo
Coroner of Cooper County
Mo.

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.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/9/47

STATEMENT BY LICENSED EMBALMER

I, L. G. Parker

Licensed Embalmer No. 23-47

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

myself

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed L. G. Parker

Licensed Embalmer No. 23-47

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.)