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

31460
Do not use this space.

FILED OCT 18 1939

1. PLACE OF DEATH
(a) County JACKSON 2 Registration District No. 399
(b) Township KAW 1 Primary Registration District No. 1002 Registered No. 3558
(c) City KANSAS CITY (d) Street No. 521- SOUTH HARDESTY 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 630 MRS. MARY ANN HURT
(a) Residence, No. 521- SOUTH HARDESTY 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 MANLESS R. V. HURT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-28-1853

7. AGE: YEARS 86 | MONTHS 5 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
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) WARSAW ILLINOIS 1

FATHER
13. NAME UNKNOWN FRY 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS 9

MOTHER
15. MAIDEN NAME UNKNOWN 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MISS ANNA HURT 521- SOUTH HARDESTY

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. WASHINGTON DATE SEPTEMBER-11, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. NEWCOMER'S SONS 1401- BRUSH CREEK BLVD.

20. FILED Sept 1 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1939, to Sept 10, 1939
I last saw her alive on Sept 9, 1939 Death is said to have occurred on the date stated above, at 1:00 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis with General Atherosclerosis and Cerebral Hemorrhage.

Date of onset: Indefinite

Other contributory causes of importance:
— B1

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? X Date of injury ....., 19
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Chas L Pelry, M. D.
(Address) 900 Benton

Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-12-38 I X14028

901- Porter 0

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 C. Harvey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

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.