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

REC'D NOV 8 1939

35520
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township or
(c) City St Joseph
Registration District No. 65
Primary Registration District No. 3001
Registered No. 1038
(d) Street No. 1908 Barlett 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.

11
5
7

2. PRINT FULL NAME Gertrude Hurt
(a) Residence, No. 1908 Bartlett St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Hurt.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1876
7. AGE: Years 63, Months 4, Days 10, If LESS than 1 day, hrs. or min.

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) Trenton Mo.

FATHER
13. NAME Sam. Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Maud. Cash
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo.

17. INFORMANT Mark Casey
(ADDRESS) 1908 Barlett

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kettsville Mo. DATE Oct 15 1939

19. FUNERAL DIRECTOR (NAME) Ramsey Mort.
(ADDRESS) 1602 Messanie

20. FILED Oct 13 1939 H. J. Reckelbus
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11th 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1938 to Oct 19 1939
I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Hypertension

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Lerert Beckett Coroner C. M. D.
(Address) King Hill Bldg St Joseph, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2
50M-9-19-38
I X16605

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE [illegible]

## 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 J. F. Ramsey

Licensed Embalmer No. 4081

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.**