

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 6-17-39 I X1951

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 9 - 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

7105

Registration District No. 441

Primary Registration District No. 4259

Registrar's No. 18

1. PLACE OF DEATH

(a) County Knott  
(b) City or town Edina  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Entire life  
years, months or days

3. (a) PRINT FULL NAME Bertha Hortense Hurst

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased March 18 1922  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>11</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Edina Mo. (City, town, or county) (State or foreign country)

10. Usual occupation school girl

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Joseph A. Hurst  
13. Birthplace Edina Mo. (City, town, or county) (State or foreign country)

14. Maiden name Bertha Franz  
15. Birthplace Edina Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bertha Hurst

(b) Address Edina Mo.

17. (a) St. Joseph's Cem (b) Date thereof Feb 28, 1940  
(Burial, funeral, or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Cem

18. (a) Signature of funeral director Paul W. Fruehauer

(b) Address Edina Mo.

19. (a) Feb 27 1940 (b) Wm. C. Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Frank

(c) City or town Edina Mo. (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26<sup>th</sup>  
year 1940 hour 2 minute 40 P M.

21. I hereby certify that I attended the deceased from Feb. 25, 1940, to Feb. 26, 1940  
that I last saw her alive on Feb. 26, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism Duration 2 days

Due to Stilk's Disease unk

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. Chamberlain (M. D. or other) MD.

Address Edina, Mo. Date signed 2-27-40

RECEIVED

District Health Officer No. 10

District File Number 3-40-535

Date Filed MAR 8 1940

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 Paul C. Kriegshauser  
Licensed Embalmer No. 4085  
P. O. Address Edina 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.