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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25732

FILED AUG 16 1940

Registration District No. 551

Primary Registration District No. 5744

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Marion Round Grove

(b) City or town Maywood — Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Maywood (Rural)
(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.

3. (a) PRINT FULL NAME Leota Fern Hurst

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W.

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 8 (Day) 1937 (Year)

8. AGE: Years 3 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation 0

11. Industry or business 1

FATHER
12. Name Clarence Hurst
13. Birthplace Marion Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Ruby Leach
15. Birthplace Stacke (City, town, or county) Fla. (State or foreign country)

16. (a) Informant Ruby Hurst
(b) Address Maywood, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Durham, Mo.

18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing, Mo

19. (a) 8, 1 '40 (Date received local registrar) (b) J M Crebs (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1940 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from 7 P.M. July 26, 1940 to , 19 ; that I last saw her alive on July 26 9 P.M., 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure — Duration 3 days

Due to General Debility

Due to

Other conditions Rickets
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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) none
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? none (e) Means of injury none

23. Signature Guy W Cable DO (M.D. or other) 3
Address Ewing Mo Date signed 7-27-40

(Licensed Embalmer's Statement on Reverse Side)

1940 - 7 - 27
1939 - 6 - 8
1 - 21

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.