

**FILED OCT 23 1940**  
9/18

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 745

**I. PLACE OF DEATH:**

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Hos R. Parks of Weller Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME DONALD GEORGE HURD

3. (b) If veteran, No 3. (c) Social Security No. 500-050280

4. Sex male 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 alive \_\_\_\_\_ years

7. Birth date of deceased Oct 30 1915  
(Month) (Day) (Year)

8. AGE: Years 24 Months 10 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Auto mechanic in Garage

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

12. Name Daniel E. Hurd

13. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Corra Durgansons

15. Birthplace Unknown Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Corra Hurd

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Sep 15-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kobervson Chapel

18. (a) Signature of funeral director W. E. Hurdley

(b) Address Springfield, Mo.

19. (a) Sep 14 1940 (b) W. E. Hurdley MD  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2206 N. Main  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sep day 12  
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on Sept 12, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: 1. Crushed Chest  
2. Fractured skull  
Due to 3. Fracture Ford Chevrolet

Due to Train and auto collision at right of way and street crossing. Walking on conditions in car  
(Include pregnancy within 3 months of death)

Major findings: not a highway  
Of operations \_\_\_\_\_  
Of autopsy 7/6 2/20

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 9/12/40

(c) Where did injury occur? Springfield Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Street and rail road right of way.

While at work? No (e) Means of injury struck by train

23. Signature R. M. White (M. D. or other) \_\_\_\_\_

Address Corner Greene County Date signed 9/14/40

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

MOTHER FATHER

