3 mth
. S. No. 2
M—11-10-39
ev. 5-17-39
I X21

FILED DEC 11 1940
08

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39996

Registration District No. 871 — Primary Registration District No. ~~871~~ 6155 — Registrar's No. 19

1. PLACE OF DEATH:

(a) County VERNON

(b) City or town O SAGE TWP — (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 (Specify whether years, months or days) In this community 79 YRS —

2. USUAL RESIDENCE OF DECEASED:

(a) State MO — (b) County ~~BATES~~ VERNON —

(c) City or town RURAL — (If outside city or town limits write "RURAL")

(d) Street No. RICH HILL MO — (If rural, give location)

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

3. (a) PRINT FULL NAME EDGAR N. HURST

3. (b) If veteran, name war No

3. (c) Social Security No. X

4. Sex M

5. Color or race W —

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

6. (b) Name of husband or wife AMELIA —

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

7. Birth date of deceased May (Month) 11 (Day) 1852 (Year)

8. AGE: Years 88 Months 6 Days 18 If less than one day ..... hr. ..... min.

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

10. Usual occupation RETIRED FARMER

11. Industry or business 1

FATHER
12. Name JOHN HURST 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name ELIZABETH HUNTER —
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Marvin M. Hurst
(b) Address R F D Rich Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-40 (Month) (Day) (Year)
(c) Place: burial or cremation BALLTOWN — CEM —

18. (a) Signature of funeral director BOOTHS —
(b) Address RICH HILL MO —

19. (a) 12-3-40 (Date received local registrar) (b) Thelma Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV — day 29 year 1940 — hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Nov 27, 1940, to Nov 29, 1940 that I last saw him alive on Nov 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Lobular Pneumonia Cardiac Failure

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No —

Of autopsy No —

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] M. D. (M. D. or other)
Address Rich Hill Mo Date signed 11/30/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 12-40-1705
Date Filed 12-5-40

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 John L. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.