

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

2402

Registration District No.

253

Primary Registration District No.

5222

Registrar's No.

1

1. PLACE OF DEATH:

(a) County Daviess
 (b) City or town Jameport Rural, Jackson 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
 In this community life
 years, months or days)

3. (a) PRINT FULL NAME Frances Hurton3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Fe5. Color or
race White6. (a) Single, widowed, married,
divorced widowed6. (b) Name of husband or wife
John Hurton6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Dec. 27, 1862
(Month) (Day) (Year)

8. AGE:

Years 77Months 0Days 7

If less than one day

hr. _____ min.

9. Birthplace Livingston Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation retired

11. Industry or business _____

12. Name Thos. Litton18. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Sarah Barnes
(City, town, or county) (State or foreign country)15. Birthplace Missouri.
(City, town, or county) (State or foreign country)16. (a) Informant Geo. Hurton,(b) Address Jameport Mo.17. (a) burial (b) Date thereof Jan. 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lock Springs Mo.18. (a) Signature of funeral director E. M. Jones(b) Address Gallatin Mo.19. (a) Jan 5, 1941 (b) G. S. Munnick, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess
 (c) City or town Lock Springs Mo. Rural
 (If outside city or town limit: write "RURAL")
 (d) Street No. east part of town.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4
year 1941 hour 10 minute 10 A. M.21. I hereby certify that I attended the deceased from 29th of Dec
1940, to Jan 4, 1941that I last saw here alive on Jan. 3, 1941
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage

Duration

6

Due to _____

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 sta-
tistically.

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? _____

23. Signature A. G. Munnick, M.D. (Specify type of place) (M. D. or other) (D)
While at work? _____ (e) Means of injury _____Address Lock Springs Date signed Jan 5, 41

15

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 *[Handwritten Signature]*

Licensed Embalmer No. 3453

P. O. Address *[Handwritten 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.

2B
21-40
X-22650

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 2402

Registration District No. 253

Primary Registration District No. 5353

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Davess
(b) City or town Jackson, Mo.
(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 _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 Frances Houston

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

4. Sex FE 5. Color or race w 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased Dec-27-1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 0 7 hr. _____ min.

20. DATE OF DEATH Month 1 day 4
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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

23. Signature A. G. Minnick (M. D. or other) _____
Address Lack Springs Date signed _____

MOTHER FATHER {
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)
16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) March 29 (b) A. G. Minnick
(Date received local registrar) (Registrar's signature)

SUPPLEMENTARY

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

