

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4482

State File No. _____

FILED FEB 18 1941

Registration District No. 292

Primary Registration District No. 6035

Registrar's No. _____

1. PLACE OF DEATH

(a) County Saline
(b) City or town Rural Anson Rock 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 87 years
years, months or days

3. (a) PRINT FULL NAME James Marshall Hurst

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosa J. Hurst 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec. 24 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 20 If less than one day
hr. min.

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

10. Usual occupation Farm

11. Industry or business Retired

12. Name Richard Marshall Hurst

13. Birthplace Saline Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Marcella Hurst

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

16. (a) Informant Eugene T. Durrett

(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof Jan 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock Mo.

18. (a) Signature of funeral director Campbell

(b) Address Marshall Mo.

19. (a) Jan 20 1941 (b) C. L. Lawless
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1941 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Jan 14 1941
that I last saw him alive on Jan 12
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic nephritis & compensation

Due to _____

Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 James Marshall Hurst (M. D. or other) ✓

Address Marshall Mo. Date signed 1/15/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-11-41

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

R. W. Campbell

Licensed Embalmer No.

3469

P. O. Address

Marshall, 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, fact should be so stated above.