V. S. No.
M—11
ev. 5-17-39
I X21492

FILED APR 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10760

Registration District No. 325 Primary Registration District No. 5450 Registrar's No. 75

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

39
0
0

1. PLACE OF DEATH:

(a) County Greene Rural
(b) City or town Walnut Grove Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Rural 0
(If outside city or town limits write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Laura Belle Hurst
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife James Hurst
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 23 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
59	2	23	hr. min.

9. Birthplace Greene Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name George S. Coble
13. Birthplace (City, town, or county) North Carolina (State or foreign country)
MOTHER
14. Maiden name Mary Margaret Murray
15. Birthplace (City, town, or county) Arkansas (State or foreign country) 1
16. (a) Informant Mr. J. M. Coble
(b) Address Walnut Grove Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. (Month) 18 (Day) 1941 (Year)
(c) Place: burial or cremation Greenlawn Cemetery
18. (a) Signature of funeral director Gene A Brim
(b) Address Walnut Grove Mo
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1941 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from on Mar 16 — 1941, to , 19 ;
that I last saw her alive on Mar 16 — 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asthma	
Complicated with	
Due to Heart Trouble	
Was dying when I first	
Due to Saw her only lived	
about 30 minutes	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1120	PHYSICIAN
Of autopsy	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?
295 (Specify type of place)
While at work? (e) Means of injury
23. Signature J. Barber MD (M. D. or other)
Address Walnut Grove Mo Date Mar 17 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 41-4-41
4/21/41

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 J. H. Birch

Licensed Embalmer No. 3856

P. O. Address Ash Grove 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.

S. No. 2
M—1-4-41
v. 5-17-39
I X26390

ROWENA MOORE

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. 10760

Registration District No. 325 Primary Registration District No. 5450 Registrar's No.

1. PLACE OF DEATH:

(a) County Greene

(b) ~~City or town~~ Walnut Grove T.P.
(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) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Laura Belle 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 m

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 3-17-1941 (Date received local registrar) (b) Etta B. McCelvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — *Duration*

Due to

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 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 J. N. Barber (M. D. or other)

Address Walnut Grove Mo. Date signed

SUPPLEMENTARY

(Licensed Embalmer's Statement on Reverse Side)

1941
S-10760

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, fact should be so stated above.