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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18024

Registration District No. 3[illegible]8 Primary Registration District No. 3019 Registrar's No. 147

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Independence Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 weeks (Specify whether
In this community 29 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 3 8
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 821 Home (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Georgia Alice Hurst
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph H. Hurst
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Apr. (Month) 30 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
54	1	0	hr. min.

9. Birthplace Sibley (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation at home
11. Industry or business
FATHER
12. Name George Lackey
13. Birthplace No record (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Sadie L. Martin
15. Birthplace No record (City, town, or county) 9 (State or foreign country)
16. (a) Informant Joseph H. Hurst
(b) Address 821 Home - K. C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem
18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.
19. (a) June 2/41 (Date received local registrar) (b) Fa. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1941 hour 7:05 minute P. M.
21. I hereby certify that I attended the deceased from Mar 23 1941, to May 30 1941, that I last saw her alive on May 30 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ch. Myocarditis	
Due to Subacute Endocarditis	
Due to Cerebral Embolism	
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 [illegible] (M. D. or other) MD
Address 10307 Indep. ave. Date signed 6/2/41

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd C. Carson

Licensed Embalmer No. H199

P. O. Address Independence, 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.