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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19360 ~~17093~~
State File No.

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 139

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gunn Smith O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 36 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
(c) City or town Novinger
(If outside city or town limits, write "RURAL")
(d) Street No. — —
(If rural, give location)
(e) Citizen of foreign country? — — 1 (Yes or No)
If yes, name country — — —

3. (a) PRINT FULL NAME ELIZA ANN MAHURIN
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 Asbury Ma Hurin
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Nov. (Month) 5 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
65	6	9	hr. min.

9. Birthplace Schlyler Co (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name Franklin Gibson
13. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)
MOTHER
14. Maiden name Mary Porter
15. Birthplace David Co (City, town, or county) Iowa 1 (State or foreign country)
16. (a) Informant Golda Watts
(b) Address Novinger Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mulberry
18. (a) Signature of funeral director Summers & Flinchpaugh
(b) Address Kirksville Mo.
19. (a) May 12/40 (Date received local registrar) (b) Spencer L Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day May year 1941 hour 3 minute 55 P M.
21. I hereby certify that I attended the deceased from March 1 1941 to May 9 1941; that I last saw her alive on May 1 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tumor right Kidney probably Hypernephroma	6 Mo.
Due to	
Due to	
Other conditions (Include pregnancy within 8 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 A. B. Cramberg (M. D. Mother) O
Address Kirksville Mo. Date signed 5-10-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-41-1166
Date Filed JUN 18 1941

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.