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7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. Pinion  
State File No. 42654  
Registrar's No. 180

JAN 12 1942  
Registration District No. 65-1

Primary Registration District No. 4288

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

1. PLACE OF DEATH:  
(a) County Pemiscot  
(b) City or town Caruthersville  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 month 7 days  
In this community 1 Month, 7 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Julius Lorenza Hurd

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 16 1941  
(Month) (Day) (Year)

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

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

10. Usual occupation none

11. Industry or business none

12. Name James Hurd

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

14. Maiden name Sadie L. Cathran

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

16. (a) Informant James Hurd

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 12/24/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge Cemetery

18. (a) Signature of funeral director H. S. Smith  
(b) Address Caruthersville, Mo.

19. (a) Dec. 29, 1941 (b) Ada Martin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pemiscot  
(c) City or town Caruthersville, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1403 Davis, Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 23rd,  
year 1941 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 20 - 1941 to Dec 23 - 1941  
that I last saw him alive on Dec. 23 - 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Duration 3 days

Due to Acute Bronchitis 6 days

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 107

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
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? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. R. Pinion (M. D. or other) 0  
Address Caruthersville, Mo. Date signed 12-23-41

1-42-17

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 <sup>not</sup>.....

*Body was not embalmed*

Registered Apprentice No. ....

working under my personal supervision.

Signed *James A Osburn*

Licensed Embalmer No. *4185*

P. O. Address *Laruthsville, 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.