No. 2
-9-4-41
-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5402

Registrar's No. 589

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7 West 69th Street, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community Practically all her life,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 2
(If outside city or town limits, write "RURAL") 2

(d) Street No. 2900 Olive Street,
(If rural, give location)

(e) Citizen of foreign country? x (Yes or No)

If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Ella Cox Hurst,

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed, 2

6. (b) Name of husband or wife Samuel J. Hurst,

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

7. Birth date of deceased March (Month) 28th (Day) 1866 (Year)

8. AGE: Years 75 Months 10 Days 11 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Samuel Cox,
13. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella May Cox,
15. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Samuel J. Hurst, Jr.,
(b) Address 6438 Walnut St., Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 2-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2/10/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9th, 1942 year 7 hour 7 minute 49 a. M.

21. I hereby certify that I attended the deceased from Jan 29, 1942, to Feb 9, 1942 that I last saw her alive on Feb 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	6 mo.
Due to	
Due to 46 B	
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 0

23. Signature [signature] (M. D. or other)
Address 612 Professional Bldg Date signed 2/9/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. ~~Kerchum and~~ Dr. Willits
12-30
Proff. Beds

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. 1416

P. O. Address F. P. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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