

Registration District No. 22423

Primary Registration District No. 3014

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

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution: St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME HERBERT HENRY HURST

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race White 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 Oct 19 1924
(Month) (Day) (Year)

8. AGE: Years 17 Months 3 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Hurst
13. Birthplace Shaw Hill, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Blanche Blumberg
15. Birthplace Sumis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Andrew Hurst
(b) Address Sumis, Mo.

17. (a) Removal (b) Date thereof Jan 31-42
(Hospital, coroner, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orate Cemetery

18. (a) Signature of funeral director Hermon Blumberg

(b) Address Beverly

19. (a) 1-31-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade
(c) City or town Sumis - Rural 37
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1942 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 29 1941 to Jan 31 1942
that I last saw him alive on Jan 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lymphatic Leukemia Duration 1 month

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 174a
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Stanley M. Howard (M. D. 1/31/42)
Address Jefferson City, Mo. Date signed 1/31/42

APR 27 1944

619

3118

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. 528
working under my personal supervision.

Signed Herman Blum

Licensed Embalmer No. 528

P. O. Address Berger 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.