V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14057

Registration District No. 197 Primary Registration District No. 5276 Registrar's No. 34

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Rural Gallatin Twp
(If outside city or town limits, write "RURAL" and name of township)
(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 ..... (Specify whether years, months or days) In this community: 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Clay
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: RR Mo KC Mo
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: Kathyrn Bailey Hurd
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Fe
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: Sinclair Hurd
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 16 (Day) 1864 (Year)

8. AGE: Years 77 Months 9 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace: La Gro (City, town, or county) Ind (State or foreign country)
10. Usual occupation: H W
11. Industry or business:
MOTHER FATHER
12. Name: T H Bailey
13. Birthplace: Troy (City, town, or county) Tenn (State or foreign country)
14. Maiden name: Alice Smith
15. Birthplace: (City, town, or county) N.J. (State or foreign country)
16. (a) Informant: Mrs. J. L. McEwen
(b) Address: 907½ W. Douglas, Wichita Kans
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr 23 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Hope Kansas City Kan
18. (a) Signature of funeral director: Marlor Funeral Home
(b) Address: Mo Kansas City Mo
19. (a) Apr 23-42 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 20 year 1942 hour 5 minute P M.
21. I hereby certify that I attended the deceased from Apr 15 Apr 20 1942 to ..... 19..... that I last saw her alive on Apr 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Myocarditis
Due to: Myocarditis & Nephritis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 31 P
Of autopsy:

Duration

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: [illegible] (M. D. or other) MD
Address: [illegible] Date signed: 4/22/42

1021 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
Dist File Number
Date Filed 5-13-42

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 John S Morton

Licensed Embalmer No. 3197

P. O. Address Mo K C 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.