

FILED MAY 20 1942

Registration District No. 2843

Primary Registration District No. 4177

Registrar's No. 22

36  
20

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

1. PLACE OF DEATH:

(a) County. Franklin

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 7 months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Darlington

(c) City or town. No. Little Rock, Ark 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 619 Arkansas Ave  
(If rural, give location)

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

If yes, name country. USA

3. (a) PRINT FULL NAME Witley Mansell Hurley

3. (b) If veteran, name war World's War I

3. (c) Social Security No. 557-01-7078

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30<sup>th</sup>  
year 1942 hour 9:30 minute P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married Married  
divorced

6. (b) Name of husband or wife Nell Hurley

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Aug. 7, 1900  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years Months Days If less than one day

41 8 3 hr. \_\_\_\_\_ min.

Due to Coronary Thrombosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 940

9. Birthplace Russellville, Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation Crane operator

11. Industry or business Grain Plant

12. Name James Hurley

13. Birthplace Russellville, Alabama  
(City, town, or county) (State or foreign country)

14. Maiden name James Bradford

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Nell Hurley

(b) Address 619 Arkansas Little Rock

17. (a) Burial (b) Date thereof 5/3/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Ark.

18. (a) Signature of funeral director W. G. Greaves

(b) Address Pacific

19. (a) 5/1/42 (b) Samuel C. Ketcher  
(Date received local registrar) (Registrar's signature)

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)

(b) Means of injury Coroner

23. Signature Ernest L. Altman (Seal)

Address Gerald, Missouri Date signed 4-30-42

MAY 21 1942

DEC 28 1942

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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 with the above constitutes grounds for revocation of license.)**

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