

Registration District No. **399**

Primary Registration District No. **1002**

48338  
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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:  
**General Hospital No. 2**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **6-5-42 - 6-7-42**  
(Specify whether years, months or days)  
 In this community **56 years**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2807 Mersington**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **Edward F. Hurd**  
 3. (b) If veteran, name war. **None**  
 3. (c) Social Security No. **496-09-1826**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Daisy Hurd** 6. (c) Age of husband or wife if alive **58** years  
 7. Birth date of deceased **June 9 1883**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	✓ If less than one day
	<b>58</b>	<b>11</b>	<b>29</b>	hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business.....

**MOTHER FATHER**  
 12. Name **John Hurd**  
 13. Birthplace **Chattonoga Tennessee**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Cecelia Ann Rooney**  
 15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**  
 (b) Address **General Hospital No. 2**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **6/10/42**  
**Highland Cemetery**

18. (a) Signature of funeral director **Atkins Bros**  
**1729 Lydia**  
 (b) Address

19. (a) **6-10-42** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **7** year **1942** hour **4** minute **00 a.m.**

21. I hereby certify that I attended the deceased from **June 5** 19 **42** to **June 7** 19 **42**  
 that I last saw him alive on **June 7** 19 **42**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Carcinomatosis**  
 Due to **Primary carcinoma of the Sigmoid (Adenomatous in type)**

Other conditions (Include pregnancy within 3 months of death) **46E**

Major findings: Of operations.....  
 Of autopsy **Same as above**

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?..... Means of injury.....  
 23. Signature **J. O. Dismore** (M. D. or other)  
 Address **Gene Hosp. #2-600 E 22** Date signed **6-10-42**

Duration  
 Underline the cause to which death should be charged statistically.

**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.....

*J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address: *2503 Highland*

**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.**