

No. 2
4-13-40
5-17-39
P1 X23159

25084

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 725

Primary Registration District No. 5959

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls,

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

(c) Name of hospital or institution: Perry, Missouri R.F.D. Salt River
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 Yrs. /
(Specify whether years, months or days)

In this community 28 Yrs. /

3. (a) PRINT FULL NAME James Howard Hurley.

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 40 years

7. Birth date of deceased October, 4, 1913.
(Month) (Day) (Year)

8. AGE: Years 28 Months 9 Days 9
If less than one day hr. min.

9. Birthplace Ralls County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business Feed Store.

12. Name James Howard Hurley.

13. Birthplace Ralls County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Blanche Booth.

15. Birthplace Lincoln County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Hurley

(b) Address Perry, Missouri R.F.D.

17. (a) Burial (b) Date thereof July, 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lick Creek Cemetery.

18. (a) Signature of funeral director Clyde Wilby

(b) Address Perry, Missouri.

19. (a) 7/13/42 (b) Mrs. Earl Peterson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls

(c) City or town Perry, Missouri (RURAL)
(If outside city or town limits, write "RURAL")

(d) Street No. Perry, Missouri R.F.D.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th, day July, year 1942 hour 10 minute 0 M.

21. I hereby certify that I viewed head & body July - 13, 1942, that I last saw him alive on July - 13, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy - Suffocation.

Due to 85 -

Other conditions 85 -
(Include pregnancy within 3 months of death)

Major findings: 85 -

Of operations 85 -

Of autopsy 85 -

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) 85 -

(b) Date of occurrence 85 -

(c) Where did injury occur? 85 -
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85 -

(Specify type of place) 85 -

While at work? 85 - (c) Means of injury 85 -

23. Signature H. E. Badwell (M.D. or other) Coroner

Address New London Date signed 7/13/42

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

87
0
0

1130

RECEIVED

District Health Officer No. 10

District File Number

8-42-15-44

Date Filed

AUG 11 1942

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

Clyde C. Wilkey

Registered Apprentice No.

working under my personal supervision.

Signed

Clyde C. Wilkey

Licensed Embalmer No.

3860

P. O. Address

Lenny, Iowa

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.