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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Bruner

(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 \_\_\_\_\_ years, months or days.

3. (a) PRINT FULL NAME Nathaniel 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 married

6. (b) Name of husband or wife Lucy Ann Hurst

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

7. Birth date of deceased April 1855

(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Tenn.

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Daniel Hurst

13. Birthplace Tenn.

(City, town, or county) (State or foreign country)

14. Maiden name Annie M. Bee

15. Birthplace Tenn.

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Teague

(b) Address Bruner, Missouri

17. (a) Burial (b) Date thereof Aug. 16, 1942

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bruner, Mo.

18. (a) Signature of funeral director Otto Raiburn

(b) Address Sparta, Mo.

19. (a) 9-3-1942 (b) Mrs. M. Johnson

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian

(c) City or town Bruner

(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 8 - 1942 to Aug. 13 - 1942 that I last saw him alive on Aug. 13 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of heart

Due to Chronic Myocarditis

Due to Impurities of Age

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93d

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? \_\_\_\_\_

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

23. Signature Edward H. Hallow (M. D. or other) Mo. Lic. 4460

Address Sparta Date signed 9-2-42

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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.**