

S. No. 2  
M-9-4-41  
v. 5-17-39  
X 29484

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

AUG 21 1942

Registration District No. 167

Primary Registration District No. 5594

Registrar's No. 15-43

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

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:  
St. Joseph's Hill Infirmery 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 172-182-16da  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson, Mo

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

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

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY HURTGEN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
year 1942 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from July 5 1942, to July 18 1942  
that I last saw him alive on July 12 1942  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife Stella Coxahan

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

7. Birth date of deceased May 29 1852  
(Month) (Day) (Year)

Immediate cause of death cerebral hemorrhage

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

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

Other conditions (Include pregnancy within 3 months of death) Ja!

8. AGE: Years 90 Months 1 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Blacksmith

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

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER { 11. Industry or business \_\_\_\_\_

12. Name Joseph J. Hurtgen

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

14. Maiden name Pent Knew

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

16. (a) Informant James J. McNamee

(b) Address St. Joseph's Hill Infirmery

17. (a) Burial (b) Date thereof July 21 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Donnell B. Dietel

(b) Address Delaware Mo.

19. (a) 25 Jul 1942 (b) James A. Bourgeois  
(Date recd. at 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)

(e) Means of injury \_\_\_\_\_

23. Signature Joseph S. Sargent (M. D. or other) \_\_\_\_\_  
Address Leuseka Mo Date signed 7/28/42

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(Licensed Embalmer's Statement on Reverse Side)

**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.....

*James B. Gittin*

Licensed Embalmer No.....

*4104*

P. O. Address.....

*Delato 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.**