

7. S. No. 2
M-9-4-41
ev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30671**

FILED OCT 9 1942

Registration District No. **169**

Primary Registration District No. **4261**

Registrar's No. **48**

52
0
0

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

1. PLACE OF DEATH:

(a) County **KNOX** *1.100.91111*

(b) City or town **HURDLAND MO**

(c) Name of hospital or institution: **NONE**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **HERE 72 YRS** (Specify whether years, months or days)

In this community **HERE 72 YRS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **KNOX**

(c) City or town **HURDLAND**

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **SAMUEL E. SURRY**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **23** year **1942** hour **5** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Aug 20** to **Aug 23** 19**42**

that I last saw him alive on **Aug 20** 19**42** and that death occurred on the date and hour stated above.

4. Sex **MO** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **OLLIE HOLLOWAY**

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

7. Birth date of deceased **JUNE 11 1864**

Immediate cause of death **Obpoplexy**

Due to **Coronary Arterial disease**

Due to **Hypertensive syndrome**

Other conditions (include pregnancy within 3 months of death) **12/a**

8. AGE: Years **78** Months **2** Days **12** If less than one day hr. _____ min. _____

9. Birthplace **CINCINNATI OHIO**

10. Usual occupation **JEWELER**

11. Industry or business _____

MOTHER FATHER

12. Name **SAMUEL SURRY**

13. Birthplace **OHIO**

14. Maiden name **JANE TIMMERMAN**

15. Birthplace _____

16. (a) Informant **Gay Surry**

(b) Address **Hurdland Mo**

17. (a) **Burial** (b) Date thereof **Aug 25/42**

(c) Place: burial or cremation **2005 HURDLAND**

18. (a) Signature of funeral director **Walter J. ...**

(b) Address **Hurdland Mo**

19. (a) **Sept 20 1942** (b) **Will Northcutt**

Major findings: Of operations _____

Of autopsy _____

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? **3**

While at work? _____ (Specify type of place)

(e) Means of injury **2**

Signature **J. G. Schatz** (M. D. or other) **DCO**

Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 10-42-1863

Date Filed OCT - 7 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3755

P. O. Address Shirland 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.