

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Belleville *Joplin, Mo. rural*  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Belleville / 4 miles NW Joplin  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 40 years  
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Julia Mariah Hurst  
 3. (b) If veteran, name war \*\*\*  
 3. (c) Social Security No. \*\*\*

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov day 27  
 year 1942 hour 7 minute \_\_\_\_\_ P. M.

4. Sex Female  
 5. Color or race W  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife William Hurst  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: July 29, 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1 - Nov 27, 1942, to \_\_\_\_\_ 19\_\_\_\_;  
 that I last saw him alive on 11/27 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
71 3 28 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Myocarditis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

10. Usual occupation retired

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

MOTHER FATHER  
 12. Name Jack Leatherman  
 13. Birthplace Ky.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Agnes Shacklott  
 15. Birthplace NO RECORD  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
Myocarditis

16. (a) Informant Wallace N. Hurst  
 (b) Address Belleville, Mo.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof Nov. 30, 1942  
(Month) (Day) (Year)  
 (c) Place: burial or cremation MESSER CEM.

(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 \_\_\_\_\_

18. (a) Signature of funeral director Hurlbut Und. Co.  
 (b) Address Joplin, Mo.  
 19. (a) Nov. 30, 1942 (b) Mrs. Lillian Eagle  
(Date received local registrar) (Registrar's signature)

23. Signature SM Gray (M. D. or other) \_\_\_\_\_  
 Address Joplin, Mo. Date signed 11/30/42

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

Gray

Mrs. Eagle  
109 - N. O. ...  
Washington

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: *Ray K. Durbell*  
Licensed Embalmer No. *959*  
P. O. Address: *Spine Hill*

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.