

STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED DEC 12 1942

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 172

74
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Private Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Fredrick C. Hurst

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2 W

6. (b) Name of husband or wife Jane Hurst Dec 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept - 25 - 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 1 16 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant W. J. Hurst

(b) Address Nodaway Missouri

17. (a) Burial (b) Date thereof Nov. 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graham A.O.F.

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Maryville Mo.

19. (a) 11-14-42 (b) Maryville
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Hopkins
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11th
year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 18, 1942
19. to 11/11, 1942

that I last saw him alive on 10/27/42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death) 1626

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?

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

23. Signature P. W. K. M. G. (M. D. or other) P.
Address Hopkins Date signed 11/19/42

Physician
Underline the cause to which death should be charged statistically.

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 *William Campbell*

Licensed Embalmer No. *2670*

P. O. Address *Marquette Mich*

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.