

S. No. 2
M-5-42
5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41236

State File No.

Registration District No. 200

Primary Registration District No. 2725

Registrar's No. 111

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Hudson Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth's Sanatorium
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town Macon
(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 0

3. (a) PRINT FULL NAME Samuel Bryan Hurst

3. (b) If veteran, name war

3. (c) Social Security No. 494-05-1926

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4th
year 1942 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1938 to Dec 4, 1942
that I last saw h.l.m. alive on Dec 4, 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 married

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

7. Birth date of deceased June 21 - 1880
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Duration 15 yrs

Due to arteriosclerosis
High blood pressure

8. AGE: Years 62 Months 5 Days 13
If less than one day hr. min.

Due to
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
940

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

9. Birthplace Fayette Co Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary

11. Industry or business

MOTHER FATHER

12. Name Bryan Hurst

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

14. Maiden name Katherine Stone

15. Birthplace Woodford Co Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bryan Hurst

(b) Address Macon Mo

17. (a) burial (b) Date thereof Dec 6 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature F. M. Still (M. D. or other)
Address Macon Mo Date signed Dec 5 1942

18. (a) Signature of funeral director Robert Skene

(b) Address Macon Mo

19. (a) 1/4/43 (b) Jora B. Funkler
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 1-43-141

Date Filed Jan-13-1943

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.....

Albert Skinner

Licensed Embalmer No.....

75-1

P. O. Address.....

Macon Md

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.