

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5255**  
Registrar's No. **929**

P1 X32873

FILED MAR 5 1943 49  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **1402 Bales**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) **16 days**

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

3. (a) PRINT FULL NAME **Letha Rebecca Hurt**

3. (b) If veteran, name war **no**

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

4. Sex **Female**

5. Color or race **white**

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

6. (b) Name of husband or wife **James Madison Hurt**

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

7. Birth date of deceased: **December 24 1870**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **1** Days **29**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Chariton County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **house wife**

MOTHER FATHER {

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

12. Name **William Kincaid**

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

14. Maiden name **Susan Grimes**

15. Birthplace **Randolph County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dora Kelley**

(b) Address **1402 Bales Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **Feb 24 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salisbury, Missouri**

18. (a) Signature of funeral director **Chas. B. Winkelmeier**

(b) Address **Salisbury, Missouri**

19. (a) **2-23-43** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chariton** **21**

(c) City or town **Salisbury**  
(If outside city or town limits, write "RURAL") **2**

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **23**  
year **1943** hour **4** minute **15 A. M.**

21. I hereby certify that I attended the deceased from **Feb 14, 1943**, to **Feb 22, 1943**  
that I last saw her alive on **Feb 22, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis**

Due to **Chronic interstitial nephritis**

Due to **131a**

Other conditions **X**  
(Include pregnancy within 3 months of death)

Major findings: **X**

Of operations \_\_\_\_\_

Of autopsy **X**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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)

(a) Means of injury \_\_\_\_\_

23. Signature **D. Frank [unclear]** (M. D. or other) **DR**

Address **4316 E 9th St. K. C.** Date signed **2-23-43**

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**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..... *Chas B Winkelmeyer*.....

Licensed Embalmer No..... *3840*.....

P. O. Address..... *Salisbury, 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.**