

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED

MAY 10 1948

109

Primary Registration District No. 5424

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 1 Union Gap
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Campbell, Mo. "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. Union Gap of Campbell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Hurst

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or Race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha Hurst 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Oct - 19 - 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>6</u>	<u>2</u>	hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Pete Hurst

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

14. Maiden name Mrs. L. L. Hurst

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

16. (a) Informant W. Hurst (Son)

(b) Address Campbell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 - 48 (Month) (Day) (Year)

(c) Place: burial or cremation Elder Cemetery

18. (a) Signature of funeral director Landon Funeral Home

(b) Address Campbell, Mo.

19. (a) 4-27-48 (Date received local registrar) (b) Mrs. L. P. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 18 1948 to April 21 1948; that I last saw him alive on April 21 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 3 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) No

(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 W. S. Rutledge (M. D. or other) MD

Address Campbell, Mo. Date signed 4-27-48

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

35
0
0

RECEIVED

District Health Office No. 2,

District File Number 543-636

Date Filed 5-7-43

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 *E. J. Rander*.....

Licensed Embalmer No. 2289.....

P. O. Address *Campbell, 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.