

S. No. 2  
-1-4-41  
5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

ED MAY 10 1943

Registration District No. 318

Primary Registration District No. 2000

State File No. 14317

Registrar's No. 322

1. PLACE OF DEATH: **GREENE**

(a) County..... **GREENE**

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

(c) Name of hospital or institution:  
**1740 College (Home)**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community..... **All her life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **GERTRUDE E. HURNER**

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

4. Sex **female** 5. Color or race **White** 5. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife..... **Henry Hurner** 6. (c) Age of husband or wife if alive..... **42** years

7. Birth date of deceased..... **October 9, 1894**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**48** **6** **14** -----hr. -----min.

9. Birthplace..... **Lacine Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business..... **Beauty Parlor operator**

MOTHER FATHER { 12. Name..... **Frank Teed**

{ 13. Birthplace..... **De Monis Iowa**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name..... **Cora Grisham**

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

16. (a) Informant..... **Mr. Henry Hurner**

(b) Address..... **1740 College St.**

17. (a) **Burial** (b) Date thereof **4-25-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **East Lawn emetery**

18. (a) Signature of funeral director..... **Fred C. Thieme**

(b) Address..... **1100 Boonville St.**

19. (a) **4-24-43** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Greene**

(c) City or town..... **Springfield**  
(If outside city or town limits, write "RURAL")

(d) Street No..... **1740 College**  
(If rural, give location)

(e) Citizen of foreign country? ----- **No** ----- (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23**  
year..... **1943** hour..... **Seven** minute..... **30 A.M.**

21. I hereby certify that I attended the deceased from **April 22, 1943** to **Apr. 23, 1943**  
that I last saw her alive on **Apr. 22, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary artery occlusion**

Due to..... **Septic infection - 5 days**

Due to..... **peritonitis infection**

Other conditions..... **Chronic interstitial nephritis?**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... **13/10**

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).....

(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) (c) Means of injury

23. Signature..... **Arthur [Signature]** (M. D. or other)

Address..... **150 1/2 E. Court** Date signed..... **4-24-43**

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

39  
2  
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484 (Licensed Embalmer's Statement on Reverse Side)

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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..... **Fred C. Thieme**.....

Licensed Embalmer No..... **2899**.....

P. O. Address..... **Springfield, Missouri**.....

**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.**

X