

3. No. 2  
-11-10-39  
5-17-39  
PI X2149

DEPARTMENT OF COMMERCE  
BUREAU OF TRADE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22592

Registration District No. 357

Primary Registration District No. 6189

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Taney

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

(c) Name of hospital or institution: /  
(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)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 106

(a) State Missouri (b) County Taney

(c) City or town Rural, (Susan)  
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JAMES THOMAS HURD

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mary Ann Hurd

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 10<sup>th</sup> 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace Boone Co. Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

MOTHER FATHER { 12. Name John Wesley Hurd

13. Birthplace Don't know?  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ryan

15. Birthplace Don't know?  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Ann Hurd

(b) Address Kirbyville, Mo.

17. (a) Rural (b) Date thereof Apr. 23 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edward cemetery

18. (a) Signature of funeral director R. O. W. Helshel

(b) Address Boone Co. Ark.

19. (a) June 4, 1943 (b) Geannetta Davis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1943 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 6<sup>th</sup>  
1943 to April 21, 1943,  
that I last saw him alive on April 17<sup>th</sup>, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration	<u>1 mo</u>
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Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 932  
(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) \_\_\_\_\_

(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 Harry T. Evans (M. D. or other) M.D.  
Address Brandon, Mo Date signed 4/27/43

RECEIVED

District Health Officer No. 6, 1851

District File Number 743-812

Date Filed July 1 1943

182

1874-5-10  
11-11-89

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 Minnie L. Whelsh

Licensed Embalmer No. 2277

P. O. Address Brampton

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, above space should be left blank.