

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

FILED

SEP 11 1943

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (c) Name of hospital or institution: 3023 Edmond Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Not
 In this community 52 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3023 Edmond Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Melvina Lucinda Hurd
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 29th
 year 1943 hour 2:00 minute A. M.
 21. I hereby certify that I attended the deceased from Aug 26
1943 to Aug 29 1943
 that I last saw or alive on August 28 1943
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, Divorced widow
 6. (b) Name of husband or wife Charles L. Hurd
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 2 1860
 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
 Due to Arterio Sclerosis
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>83</u> | <u>1</u> | <u>27</u> | hr. _____ min. |

Major findings: no operation
 Of operations _____
 Of autopsy no autopsy
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Orange County New York
 (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Warren Camp
 13. Birthplace Unknown New York
 (City, town, or county) (State or foreign country)

14. Maiden name Lucinda Comstock
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. M. Neil (Daughter)
 (b) Address 3023 Edmond, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 8/31/1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
 (b) Address 1502 Parson, St. Joseph, Mo.

19. (a) 8/21/43 (b) Rose Steyer
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
 23. Signature Gordon H. W. right M.D. (M. D. or other) M.D.
 Address 845 So. 19th St. Joseph, Mo. Date signed 8/31/43

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 Albert C. Harrington
Licensed Embalmer No. 3258 Missouri
P. O. Address St. Joseph, 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.