S. No. 2
M—2-43
5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 30780

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3884

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:
209 East 32nd Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 26 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL") 8

(d) Street No. 4604 Tracy Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country -----

3. (a) PRINT FULL NAME Mr. Warren Estes Hurt

3. (b) If veteran, name war No

3. (c) Social Security No. 714-07-0718

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mrs. Lorena T. Hurt

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

7. Birth date of deceased September (Month) 4 (Day) 1888 (Year)

8. AGE: Years 55 Months 0 Days 4 If less than one day ___ hr. ___ min.

9. Birthplace Columbia (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Employee

11. Industry or business American Railway Express Co.

FATHER
12. Name George B. Hurt
13. Birthplace Howard County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Ida Bell Barnes
15. Birthplace Boone County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. William Farnsworth
(b) Address 209 East 32nd Street Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10, 1943 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 9-9-43 (Date received local registrar) (b) N. E. Brown Dep (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 8th year 1943 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from 5-26-42, 19__, to 9-8-43, 19__; that I last saw him alive on 9-6-43, 19__; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Congestive Heart Failure 2 Ascites, hydrothorax & edema | 1½ yr |
| Due to: Pleuritic Heart dis. | yes |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) 93 2 | |

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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Frank B. Lantz (M. D. or other) MD.
Address 924 Prof Bldg Date signed 9-9-43
K-C Mo.

(Licensed Embalmer's Statement on Reverse Side)

924. Professional Bldg.
11-12; 1:30.5

## 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.....H C Newcomer Jr

Licensed Embalmer No.....4043

P. O. Address.....K C 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.**