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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38716

State File No. \_\_\_\_\_

FILED DEC 9 1943  
Registration District No. 277

Primary Registration District No. 5787

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town Charleston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
RFD # 1 / 2 mi West on Hy 60  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
All of life (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi  
(c) City or town Charleston  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural RFD#1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME Luella Thompson Hurley

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Charles Elliott Hurley 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased August 31st, 1874  
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 13  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name William Elijah Thompson

13. Birthplace Livingston County Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Erona Mason

15. Birthplace Mississippi County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Hurley

(b) Address Charleston, Mo R#1

17. (a) Burial (b) Date thereof 11/15/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F Charleston, Mo

18. (a) Signature of funeral director John F. Zimmerman Jr

(b) Address Charleston, Mo

19. (a) 12/1/43 (b) Mrs. Lou Mason  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13  
year 1943 hour 5 minute 20 a. m.

21. I hereby certify that I attended the deceased from 1940, 1943 to Nov 13, 1943  
that I last saw HER alive on 11/12, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Arterio sclerotic heart disease with hypertension

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

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) (e) Means of injury \_\_\_\_\_

23. Signature E. Chas. Salving (M. D. or other) \_\_\_\_\_  
Address Charleston Mo Date signed 11/16/43

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

MOTHER FATHER

RECEIVED

District Health Case No. 2,

District File Number 1243-154

Date Filed 12-8-43

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 *John F. Nunnally Jr*.....

Licensed Embalmer No. 3851

P. O. Address *Charleston, 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.