

Registration District No. 301 Primary Registration District No. 4450

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Douphon Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Williams Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley

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

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PAUL W. HURT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 17, 1940  
(Month) (Day) (Year)

8. AGE: Years 3 Months 8 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ripley County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name Berlie Hurt

13. Birthplace Ripley County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Helbert Shannon

15. Birthplace Douphon Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Hurt

(b) Address Douphon Mo.

17. (a) Burial (b) Date thereof Jan 11 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jewells Cent.

18. (a) Signature of funeral director Blacke Mortuary

(b) Address Douphon Mo.

19. (a) 2-19-44 (b) E. Johnston  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10.  
year 1944 hour 5 minute 30 PM

21. I hereby certify that I attended the deceased from January 10 1944 to January 10 1944  
that I last saw him alive on January 10 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Senere Burn

Due to Playing with matches + clothing burned off body

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

Other conditions (Include pregnancy within 3 months of death) 181-1

Major findings: Of operations 181-1

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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) accident 091

(b) Date of occurrence January 10, 1944

(c) Where did injury occur? Douphon Ripley Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. Johnston (M. D. or other) \_\_\_\_\_

Address Douphon Mo. Date signed 1-18-44

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

91  
1  
0

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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.....

*Not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**