

V. S. No. 2
00M-2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

Registration District No. 25-1

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 58-5-1

18756

State File No. _____

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Nadaaway
(b) City or town Burlington Nat. Rural, Green
(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 _____
In this community 36 - 2 mo - 7 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nadaaway
(c) City or town Quitman
(d) Street No. (Rural)
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME David Alfred Hurst, Jr.

(b) If veteran, name war World War II (c) Social Security No. 499-24-6835

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

(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 2 7 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name David Alfred Hurst, Jr.

13. Birthplace Andrew Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Stella McRath

15. Birthplace Free mont Co. Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Della McRath
(b) Address Freemont Co. Iowa

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

(c) Place: burial or cremation Quitman Cemetery

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 South Main, Maryville, Mo.

19. (a) 5-29-44 (b) Ann Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 17, 1944 year 1944 hour 9:30 minute 0, A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage
Due to gun shot wound of neck - severing of jugular + carotid.

Other conditions (include pregnancy within 3 months of death) 166

Major findings: Of operations _____
Of autopsy Crossed jugulars.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) homicide
(b) Date of occurrence May 15, 1944
(c) Where did injury occur? near Quitman Nadaaway Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? _____ (Specify type of place)
(c) Means of injury shot gun
23. Signature W.P. Jackson (M. D. seal)
Address Maryville Date signed 5-16-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

74
0
0

OCT 31 1946

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.....

Marjorie Lulu Campbell Registered Apprentice No. *360*
working under my personal supervision.

Signed *William Campbell*

Licensed Embalmer No. *3620*

P. O. Address *Maryville 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.