

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED JUL 23 1944

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 95-

Registration District No. 25-1 Primary Registration District No. 3045

1. PLACE OF DEATH:  
 (a) County Nodaway  
 (b) City or town Quinton, Maryville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution St. Francis  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day (Specify whether)  
 In this community most of life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Nodaway  
 (c) City or town Quinton  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ Rural  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME David Alfred Hurst  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 4 (written)  
 year 1944 hour 8 minute 25 P.M.  
 21. I hereby certify that I attended the deceased from June 4  
 1944; to June 4, 1944  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced M  
 (b) Name of husband or wife Hella F. Hurst  
 (c) Age of husband or wife if alive 71 years  
 7. Birth date of deceased Jan 11 1871  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 9/10  
(Include pregnancy within 3 months of death)

8. AGE: Years 73 Months 4 Days 23 hr. \_\_\_\_\_ min.  
 9. Birthplace Andrew County, Mo  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name John A. Hurst  
 13. Birthplace Quinton, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name W. Mah  
 15. Birthplace Quinton, Missouri  
(City, town, or county) (State or foreign country)  
 16. (a) Informant David A. Hurst  
 (b) Address Quinton, Mo  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-44  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Quinton

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? \_\_\_\_\_

18. (a) Signature of funeral director Samuel J. Lunsford  
 (b) Address Manville, Mo  
 19. (a) 6-8-44 (Date received local registrar) (b) Deey Barber  
(Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury 5  
 23. Signature Deey Barber (M. D. or other)  
 Address Manville Date signed 6/8/44

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

4-2-1

**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 William Campbell

Licensed Embalmer No. 2670

P. O. Address Warrington, Va

**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.**