V. S. No. 2
50M—11-10-39
Rev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24508

FILED AUG 8 1944

Registration District No. _____ Primary Registration District No. 5338 Registrar's No. 44

29
0
0

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Rural — Polk Twp
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dade 29

(c) City or town Rural 8
(If outside city or town limits write "RURAL")

(d) Street No. Everton R2 — Polk Twp
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Jack Hurd

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 Married

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October (Month) 3 (Day) 1861 (Year)

8. AGE: Years 82 Months 9 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Scott Co. (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

FATHER
12. Name Elijah Hurd
13. Birthplace _____ (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Sally Bledsoe
15. Birthplace _____ (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs. W. J. Hurd
(b) Address Everton R2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Hampton Cemetery

18. (a) Signature of funeral director Lenar Brim
(b) Address Walnut Grove Mo.

19. (a) July 25 '44 (Date received by local registrar) (b) Phyllis Lack (Registrar's signature)

1082

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1944 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 6 1944 to July 24 1944 that I last saw him alive on July 22 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Asthma x Cerebral Hemorrhage

Due to Kidney & Liver

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (City or town) 0 (County) 0 (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? 0 (e) Means of injury 0

23. Signature H. R. Riley (M. D.)
Address Everton Mo Date signed 7/25/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 844-889
Date Filed 8-4-44

NOV 16 1945

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 J W Burch

Licensed Embalmer No. 3856

P. O. Address Ash Grove 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, above space should be left blank.