

FILED JUL 20 1944

Registration District No. 107

Primary Registration District No. 2019

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Presnell
(If not in hospital or institution, write street number or location) 0
(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 Dunklin
(c) City or town Clarston 35
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____ 0

3. (a) PRINT FULL NAME Helen Chester Hurst

3. (b) If veteran, name war _____ 3. (c) Social Security No. 0

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

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

7. Birth date of deceased 6 2 1944
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Chester Hurst

13. Birthplace Chilton Texas
(City, town, or county) (State or foreign country)

14. Maiden name Leta Edmonds

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

16. (a) Informant Chester Hurst

(b) Address Clarston Mo

17. (a) Burial (b) Date thereof 6-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stamill Cem

18. (a) Signature of funeral director Wm & Co

(b) Address Kennett Mo

19. (a) 6-4-44 (b) John Plautsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 3
year 1944 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5-2-44
5-3- 1944 to _____ 19____

that I last saw her alive on 5-3-44 _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Renaturation
6 months

Duration

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 Ed Wilson (M. D. or other) M.D.

Address Kennett Mo Date signed 6-3-44

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

35
2
2

RECEIVED

Health Office No. 2

District File Number 744-932

Date Filed 7-5-44

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.....

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.