

S. No. 2  
DM-8-43  
v. 5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35521

State File No. \_\_\_\_\_

Registration District No. 351

Primary Registration District No. 6186

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Taney  
(b) City or town Bradleyville Rural Beamer  
(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 1 mo. 22 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney  
(c) City or town Bradleyville Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leonard Ray Hurst

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, divorced, Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 7, 1944  
(Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Child

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

12. Name Bernie Hurst

13. Birthplace Douglas County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Goldie Lawson

15. Birthplace Thornfield, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Bernie Hurst

(b) Address Bradleyville, Missouri

17. (a) Burial (b) Date thereof 7-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thornfield

18. (a) Signature of funeral director Friends

(b) Address Bradleyville and Thornfield, Mo.

19. (a) 8-10-44 (b) Laura Forsyth  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 27  
1944 to July 29  
1944  
that I last saw him alive on July 27  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Pyloric Stenosis

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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

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 R M Norman (M. D. or other) \_\_\_\_\_

Address Ada Mo Date signed Aug 1/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

06000

RECEIVED

District Health Officer No. 6.

District File Number 1044-1085

Date Filed

AUG 25 1944

Did not have body embalmed, friends took care of body.

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..... *W.B. Sutherland* .....

Licensed Embalmer No. *3431* .....

P. O. Address *Area 210* .....

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.