No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27205

State File No.

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 88

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St JOSEPHS O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 2 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Cooper~~ 45
(c) City or town ~~Boonville~~ 2
(If outside city or town limits, write "RURAL")
City Glasgow - Howard - Co
(d) ~~Street No.~~ 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME GEORGE HURT
3. (b) If veteran, name war
3. (c) Social Security No. 499-14-5929
4. Sex Male
5. Color or race Negro
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 Nov (Month) 6 (Day) 1873 (Year)

8. AGE: Years 71 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Glasgow (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Common Labor
FATHER
12. Name William Hurt
13. Birthplace Chariton County (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Margaret Long
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Naomia Emery
(b) Address 517 Winchester Moberly
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Glasgow Mo
18. (a) Signature of funeral director Walter Audsley
(b) Address Glasgow Mo
19. (a) Aug 20-45 (Date received local registrar) (b) Dr Chas. Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1945 hour 3 minute 50 P.M.
21. I hereby certify that I attended the deceased from Aug 12 1945 to Aug 15 1945 that I last saw him alive on Aug 15 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral embolus	
Due to: Fracture & Dislocation of 4th Cervical vertebra	Trauma
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
Of autopsy	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 45
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. H. Ziegler (M. D. or other) M.D.
Address Boonville Mo. Date signed 8/15/45

1086 (Licensed Embalmer's Statement on Reverse Side)

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. Walker Audsley

Licensed Embalmer No 3336 ~~[illegible]~~

P. O. Address Glasgow 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 827 Primary Registration District No. 3017 Registrar's No. 88

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Josephs Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 da (Specify whether years, months or days) In this community 2 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howard

(c) City or town Glasgow (If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Hunt.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

5. Color or race

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 Nov 6 — 1873 (Month) (Day) (Year)

8. AGE: Years 71 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 13 Day 1945 year hour minute M.

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

Immediate cause of death — Duration

Cerebral embolus

Due to Fracture & dislocation of 7th cervical vertebra

Due to Trauma

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) Accident

(b) Date of occurrence August 13, 1945

(c) Where did injury occur? Glasgow (City or town) Howard (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Train track Truck at crossing in Town (Specify type of place)

While at work? Yes (e) Means of injury Train - Truck

23. Signature W.H. Ziegler (M. D. or other) MD

Address Boonville Mo. Date signed 9-9-45

SUPPLEMENTARY

S- 27205