

FILED NOV 8 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada Rural Wash. Terr.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10y. 2m. 14d.
(Specify whether years, months or days)
In this community 10 years 2 mo 14 d.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2545 Hardesty
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BLANCHE-HURLBURT.

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex fem! 5. Color or race wh. 6. (a) Single, widowed, married, divorced separated
6. (b) Name of husband or wife William Wetzel 6. (c) Age of husband or wife if alive unborn years
7. Birth date of deceased July 24 1903
(Month) (Day) (Year)

8. AGE: Years 42 Months 2 Days 13 If less than one day — hr. — min.

9. Birthplace Noron South Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Harry Hurlburt
13. Birthplace Seneca Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Viola Engles
15. Birthplace unborn South Dakota
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp No 3
(b) Address Nevada Mo

17. (a) Removal (b) Date thereof Oct 8 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director Paul L. Barone
(b) Address Nevada Mo

19. (a) 10-9-45 (b) Nathyn Nancy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1945 hour 3 minute 30P M.

21. I hereby certify that I attended the deceased from Oct 1939 to Oct 7 1945
that I last saw her alive on Oct 7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Ischemic Heart Disease

Due to _____

Due to 20% _____

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

Major findings: Of operations no operation

Of autopsy no 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) no.

(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 Paul L. Barone (M. D. or other)

Address State Hosp No 3 Date signed Oct 7

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

RECEIVED

District Health Officer No. 7,

District File Number 10-45-1073

Date Filed 11-2-45

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 Allen H. Lays.....

Licensed Embalmer No. 1968.....

P. O. Address Nevada, 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.