

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED APR 10 1946 STANDARD CERTIFICATE OF DEATH

STATE BOARD OF HEALTH OF MISSOURI

9190

State File No.

Registration District No. 137

Primary Registration District No. 4214

Registrar's No. 65

1. PLACE OF DEATH:

(a) County HENRY

(b) City or town Deepwater
(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 _____)

In this community _____ years, months or days life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 420

(c) City or town Deepwater, Mo 3
(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 Joseph Hurst

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____ and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec 3 1877
(Month) (Day) (Year)

Immediate cause of death found on my arrival

Due to Heart disease

Due to myocarditis

8. AGE: Years 73 Months 3 Days 10 If less than one day _____ hr. _____ min.

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

Major findings: Of operations _____

Of autopsy 932

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

10. Usual occupation labor

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence March 15 - 1946

(c) Where did injury occur? Monmouth, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

MOTHER FATHER

11. Industry or business _____

12. Name Joseph Hurst sr

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

14. Maiden name Elizabeth Lanelle N

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

23. Signature W. J. Russell (M. D. or other) _____
Address Deepwater Mo Date signed 3-18-46

16. (a) Informant Leona Galbreath

(b) Address Deepwater, Mo

17. (a) Burial (b) Date thereof 3-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownwood, Mo

18. (a) Signature of funeral director Sam H. H. H.

(b) Address Deepwater, Mo

19. (a) 3-22-46 (b) W. J. H. H.
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) _____ (e) Means of injury _____

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

RECEIVED
District Health Officer No. 7,
District No. member 3-46-338
Date Filed 4-9-46

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.....

Tom Hurst

Licensed Embalmer No. 2782

P. O. Address Deepwater, 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.