

S. No. 2  
M-8-43  
7-5-17-39  
X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED** MAY 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. **17149**

Registration District No. **174** Primary Registration District No. **3035** Registrar's No. **31**

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

1. PLACE OF DEATH:  
(a) County **Lafayette**  
(b) City or town **Lexington**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**20th & Paplar 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO** (b) County **Lafayette 57**  
(c) City or town **Lexington 3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **20th & Paplar 2**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **GEORGE H. HURST**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **21**  
year **1946** hour **1** minute **A** M.  
21. I hereby certify that I attended the deceased from **April 10**  
**1946** to **April 21**, 19**46**  
that I last saw **him** alive on **April 10**, 19**46**  
and that death occurred on the date and hour stated above.

4. Sex **MAO** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Jessie Burnett**  
6. (c) Age of husband or wife if alive **66** years  
7. Birth date of deceased **May 20 1959**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage** Duration \_\_\_\_\_  
Due to **Hypertension**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years **86** Months **11** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace **Jackson Co. MO**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Farmer**

MOTHER FATHER {  
11. Industry or business \_\_\_\_\_  
12. Name **Riley Hurst**  
13. Birthplace **Not known 9**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Eliza Rider**  
15. Birthplace **Not known 9**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Mrs. Jessie Hurst**  
(b) Address **Lexington, MO**  
17. (a) **Burial** (b) Date thereof **4-23-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Richmond, MO**  
18. (a) Signature of funeral director **Garret J. Thuesel**  
(b) Address **Lexington, MO**  
19. (a) **13 May 46** (b) **Wm. E. Enslin**  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
Signature **Ben H. Brocher** (M. D. or other) \_\_\_\_\_  
Address **Lexington, MO** Date signed **4/22/46**

*Boomer*

RECEIVED  
District Health Officer No. 0,  
District File Number \_\_\_\_\_  
Date Filed 5-16-46

**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 *Leo M. Kean*

Licensed Embalmer No. 2983

P. O. Address *Leesington 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.**