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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 2927

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Menorah Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
In this community 6 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Michigan (b) County 999  
(c) City or town Detroit (If outside city or town limits, write "RURAL.") 20  
(d) Street No. 3938 Helen Ave (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 21  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samuel L. Hurst  
3. (b) If veteran, name war No  
3. (c) Social Security No. 377-10-069

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Eva O. Hurst  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased March 18 1891  
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 15  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation President Joint Counsel

11. Industry or business Bakery Drivers #43

12. Name William Hurst  
13. Birthplace Detroit Michigan  
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Hekles  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Eva C. Hurst

(b) Address 3938 Helen Ave. Detroit, Mich

17. (a) Removal (b) Date thereof 7-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Detroit, Michigan

18. (a) Signature of funeral director J.W. Wagner  
(b) Address Kansas City, Mo.

19. (a) 7-3-46 (b) Sheldine Holme  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 3rd  
year 1946 hour 10:00 AM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from July 27, 1946  
to July 3, 1946  
that I last saw him alive on July 3, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary thrombosis with extension of heart muscle resulting in thrombosis of coronary arteries  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: None  
Of operations None  
Of autopsy None  
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 John J. [unclear] (M. D. or other) M.D.  
Address 1440 [unclear] Detroit, Mich. Date signed 7/3/46

*Erny Reedy.*

**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 *Alvin R. Harschell*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City 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.**