S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1946

Registration District No. 136

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 37427

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 2930 E. 7th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2930 East 7th Street 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sallie A. Hurst

3. (b) If veteran, name war * * *

3. (c) Social Security No. * * *

4. Sex Fem

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Theodore L. Hurst

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased August 3, 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation Home duties

11. Industry or business

FATHER
12. Name ------ Dumay
13. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Elizabeth Thompson
15. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

16. (a) Informant S. L. Hurst
(b) Address 2930 E. 7th St., Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.

19. (a) 11-15-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
year 1946 hour 4 minute 30 a.M.

21. I hereby certify that I attended the deceased from Dec. 19 Not attend, 19 ;
that I last saw h alive on ..... 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary	
Due to Occlusion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94A	
Of autopsy Coroners' Investigation	

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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature [signature] (M.D. or other) DO
Address 2114 Joplin Date signed 11/17/46

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(Licensed Embalmer's Statement on Reverse Side)

46-11-999

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.....

Licensed Embalmer No. 3566

P. O. Address Joplin Missouri

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.