

S. No. 2
 OM-5-43
 v. 5-17-39
 No 1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7965**

FILED APR 14 1947

Registration District No. **44**

Primary Registration District No. **1000**

Registrar's No. **476**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
827 So. 18th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 48 Years.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Puchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 827 So. 18th Street
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edna Ethel Huribert
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ely N. Hurlbert
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased January 16 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>51</u>	<u>2</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Charles Dowsey

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

14. Maiden name Unknown

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

16. (a) Informant Ely N. Hurlbert
 (b) Address 827 So. 18th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Apr. 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) Apr. 7, 1947 (b) G. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
 year 1947 hour 4 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Sept. 23
1946 to April 5 19 47
 that I last saw h. or alive on April 4 19 47
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Mitral Regurgitation About</u>	<u>2 Years</u>
<u>Interstitial Nephritis From history</u>	<u>3 yrs</u>

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 9213
 Of autopsy _____
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 O.

23. Signature J. D. Siegel (M. D. or other)
 Address 1923 Massanie St. Date signed 4-7 1947

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.....
..... George Wingbermuehle, Registered Apprentice No. 508,
working under my personal supervision.

Signed..... Elbert B. Harrington,
Licensed Embalmer No. 3258 Missouri,
P. O. Address..... St. Joseph, 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.