

B. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9151
Registrar's No. 1108

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: General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 39 YEARS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Theodore Lucius Hurlbut
3. (b) If veteran, name war No
3. (c) Social Security No. 493-22-0932

4. Sex MALE Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MRS. UNKNOWN HURLBUT
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased APRIL 20 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 09 Days 10 If less than one day 17
hr. min.

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

10. Usual occupation RETIRED

11. Industry or business RAILROAD

MOTHER FATHER {
12. Name UNKNOWN HURLBUT
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. EMMA J. WILKERSON
(b) Address EL RENO, OKLAHOMA

17. (a) BURIAL (b) Date thereof MAR. 11-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation GREENLAWN CEMETERY

18. (a) Signature of funeral director W. Newcomer
(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 3-11-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3256 Holmes
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -----

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7
year 1947 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 3 1947 to March 7 1947,
that I last saw him alive on March 7 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion with myocardial infarction
Duration -----

Due to -----
Due to -----

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations -----
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) -----
(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 Wm W Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 3-8-47

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 Melvin Miller
Licensed Embalmer No. 4407
P. O. Address Kansas City 3, 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.