

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9152
1274
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: General Hospital No. 1

(d) Length of stay: In hospital or institution 3 days

In this community 46 years

3. (a) PRINT FULL NAME Earl Hurr

3. (b) If veteran, name war None

3. (c) Social Security No. 487-05-8559

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 10 1884

8. AGE: Years Months Days If less than one day

62 9 5 _____ hr. _____ min.

9. Birthplace Missouri

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob S. Hurr

13. Birthplace Pa.

14. Maiden name Semira Winn

15. Birthplace Ky.

16. (a) Informant Mrs. Ida Gibson

(b) Address 3855 East 60th Street

17. (a) Burial (b) Date thereof 3-18-47

(c) Place: burial or cremation Maple Hill R.C.A.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Missouri

19. (a) 3-19-47 (b) Geraldine Holmes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 721 1/2 E. 15 St.

(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15

year 1947 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from March 12 1947 to March 15 1947

that I last saw him alive on March 15 1947

and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction

Due to _____

Due to _____

Other conditions 94a

Major findings: _____

Of operations _____

Of autopsy None

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? _____

(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. Hurr (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 3-17-47

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

Dr. A. Key

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..... *Blaine E. Weilett*
..... Licensed Embalmer No. *4075*
..... P. O. Address..... *K.C. 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.