

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12153**

FILED APR 2 1947
Registration District No. **270**

Primary Registration District No. **6167**

Registrar's No. **55**

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

1. PLACE OF DEATH:

(a) County Christian Stone

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community most of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Richard Marion Hurst

3. (b) If veteran, no name war _____

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased June, 25, 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace _____ Mo (City, town or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER

12. Name M. Hurst

13. Birthplace _____ Mo (City, town or county) (State or foreign country)

14. Maiden name Jane Steele (City, town or county) (State or foreign country)

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

16. (a) Informant Mrs. Maude Martin

(b) Address R#1, Billings, Mo

17. (a) burial (b) Date thereof Mar. 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White cemetery

18. (a) Signature of funeral director T. W. Maples
Clister, Mo.

(b) Address _____

19. (a) 3/1/1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104

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

(d) Street No. R#1, Billings
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1947 hour _____ 2 minute 30A AM.

21. I hereby certify that I attended the deceased from Feb 1
2 1946, to Feb 28 1947
that I last saw him alive on Feb - 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Renal disease Duration 57

Due to senility

Due to _____

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

Major findings: _____

Of operations _____

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? 0

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

23. Signature A. L. Kerr (M. D. or other) _____
Address Oran, Mo. Date signed 3-1-47

316

(Licensed Embalmer's Statement on Reverse Side)

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..... *J.W. Maple*

Licensed Embalmer No..... *2985*

P. O. Address..... *Clever - 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.