

FILED MAY 5 1947  
199

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 1879

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: Research Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Weeks  
(Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 4549 South Benton 8  
(If rural, give location)

(e) Citizen of foreign country? NO 1  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN T. HURTT

3. (b) If veteran, name war no

3. (c) Social Security No. 510-07-1490

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Addie E. Hurtt

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

7. Birth date of deceased March 14th 1870  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>1</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Salesman

11. Industry or business Swift & Company

MOTHER FATHER

12. Name Thomas E. Hurtt

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

14. Maiden name Martha Elliott

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

16. (a) Informant L. R. Hurtt

(b) Address Mc Donald, Kansas

17. (a) Burial (b) Date thereof 4 - 28 - 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 4-26-47 (b) Stearldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th.  
year 1947 hour 1:00 minute 10 P.M.

21. I hereby certify that I attended the deceased from August 12, 1942, to April 25, 1947,  
that I last saw him alive on April 24, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pulmonary Infarct  
Lymphosarcoma  
Due to unknown

Due to primary lymph node

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations 552

Of autopsy \_\_\_\_\_

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 0

23. Signature Harold A. Bell (D. or other) MD

Address 132 Prof. Bldg. Date signed 4/26/47

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

**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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.**

1123 Prof. Bd. 1:50 6:00