S. No. 2
M—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21778

Registration District No. 251 Primary Registration District No. 5847 Registrar's No. 136

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Burlington Jct.Mo. "Rural" Lincoln
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 Mi. West and 3½ Miles North.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 53 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Burlington Junction 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Mi.West & 3½ Miles North 0
(If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME FINLEY DALLAS HURST

3. (b) If veteran, name war - - - - - - - - - 3. (c) Social Security No. - - - - - -

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy May Hurst 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased August (Month) 25 (Day) 1868 (Year)

8. AGE: Years 78 Months 9 Days 21 If less than one day hr. - - - min.

9. Birthplace Rockport (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business None

FATHER
12. Name Charles B. Hurst
13. Birthplace Pickaway Co. (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Caroline Rich
15. Birthplace Bureau County (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Lucy May Hurst
(b) Address Burlington Jct., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation High Prairie Cemetery

18. (a) Signature of funeral director Price Funeral home
(b) Address 120 E. 1st, Maryville, Mo.

19. (a) 7/5/47 (Date received local registrar) (b) Bess Holt (Registrar's signature) 770

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1947 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Mar 20, 1935, to June 16, 1947;
that I last saw him alive on June 16, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Diagnosed 12 years.
Due to Cause unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9 BP

Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature L. E. Wallace D.D. (M.D. or other)
Address Burlington Jct, Mo. Date signed 6-18-47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 W. L. Lee

Licensed Embalmer No. 2539

P. O. Address Maryville, 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.