

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 17 1947

Registration District No. **291**

Primary Registration District No. **5989**

Registrar's No. **113**

1. PLACE OF DEATH:

(a) County **Putnam**
(b) City or town **Livonia, Mo. Grant**
(c) Name of hospital or institution:
home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Putnam**
(c) City or town **Livonia, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **James Daniel Hurley**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W 2**

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

7. Birth date of deceased **Jan. 29 1875**
(Month) (Day) (Year)

8. AGE: Years **72** Months **10** Days **2** If less than one day hr. _____ min. _____

9. Birthplace **Putnam Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Andrew Hurley**
13. Birthplace **Mo.**
14. Maiden name **Elizabeth Sparks**
15. Birthplace **Mo.**

16. (a) Informant **Clay Hurley**
(b) Address **Livonia Mo.**

17. (a) **Burial** (b) Date thereof **12-6-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
Hurley Ceme.

(c) Place: burial or cremation **Husted & Son**

18. (a) Signature of funeral director **Unionville Mo.**
(b) Address _____

19. (a) **12-13-47** (b) **Marvill Durbin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **1**
year **1947** hour **830** minute **0** M.

21. I hereby certify that I attended the deceased from **June 1947** to **Dec 1 1947** that I last saw him alive on **Dec 1 1947** and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to **Prostate gland 4 years**
Due to _____

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

Major findings: Of operations _____
Of autopsy **51B**

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) (If Means of injury) _____
23. Signature **Phas L. J. J. J.** (M. D. or other) **MO**
Address **Unionville** Date signed **12-2-47**

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

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RECEIVED
District Health Officer No. 10
District File Number 12-47-1763
Date Filed DEC 16 1947

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 F. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville Md

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.