S. No. 2
—12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13595

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 114

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Terry Hotel (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia (If outside city or town limits, write "RURAL") 6
(d) Street No. Terry Hotel (If rural, give location) 4
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Edward Joseph Hurley
3. (b) If veteran, name war ✓
3. (c) Social Security No. –
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Benita
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased May (Month) 2 (Day) 1881 (Year)

8. AGE: Years 66 Months 11 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace Sedalia (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Real Estate
11. Industry or business
FATHER
12. Name Edward Hurley
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Kate Hayes
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Thomas Hurley
(b) Address 210 W. Bdwy - Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo
19. (a) 4-15-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1948 hour 3 minute 15a M.
21. I hereby certify that I attended the deceased from ___, 19__, to April 13, 1948 that I last saw him alive on April 13, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 3 hrs
Due to Has had Coronary heart disease for last few mos.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
94W

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 0
23. Signature [illegible] (M. D. or other) MD
Address Sedalia Mo Date signed 4/14/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-30-48

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 K. P. McGrary

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.