S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 28 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15313

Primary Registration District No. 3000

Registrar's No. 146

1 3 3

1. PLACE OF DEATH:

(a) County: Adair

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

(c) Name of hospital or institution: Langlin Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community: 14 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: ILL (b) County: Henry 999

(c) City or town: Kewanee (If outside city or town limits, write "RURAL") 11

(d) Street No.: 150-Smith Street (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No) 2

If yes, name country .....

3. (a) PRINT FULL NAME: MRS EDNA MAE HURT

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

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Oscar Hurt

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: Jan. (Month) 13 (Day) 1907 (Year)

8. AGE: Years: 41 | Months: Jan. 13 | Days: 4 5 | If less than one day: ..... hr. ..... min.

9. Birthplace: Ellisworth (City, town, or county) ILL (State or foreign country)

10. Usual occupation: House-Keeper

11. Industry or business: Own-Home

FATHER
12. Name: Clifford Head
13. Birthplace: Kewanee (City, town, or county) ILL (State or foreign country)

MOTHER
14. Maiden name: Edith Bracken
15. Birthplace: ILL. (City, town, or county) (State or foreign country)

16. (a) Informant: Dale Head
(b) Address: Kewanee Ill

17. (a) Burial, cremation, or removal: South Pleasant View (b) Date thereof: May 21 48 (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director: Summer & Powell
(b) Address: Kirksville Mo

19. (a) 5-18-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: MAY day: 18 year: 1948 hour: 12 minute: 55 P.M.

21. I hereby certify that I attended the deceased from MAY 4, 1948 to MAY 18, 1948 that I last saw her alive on MAY 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: INTESTINAL OBSTRUCTION — Duration
LOCALIZED PERITONITIS
ACUTE DILATION OF HEART

Due to: Post-Surgical

Due to: complications

Other conditions: URINARY SUPPRESSION
(Include pregnancy within 3 months of death)
GALL STONES 26

Major findings of operations: Total hysterectomy, appendectomy, cystic l. ovary

Of autopsy

PHYSICIAN — Underline the cause of 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

23. Signature: Earl Langlin (M.D. or other) D.O.

Address: Kirksville, Mo Date signed: 5-18-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-48-951
MAY 26 1948
Date Filed

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 James J. Taylor, Registered Apprentice No. 456, working under my personal supervision.

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.