FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 22783

FILED JUL 20 1948

Registration District No. 0 — Primary Registration District No. 4194 — Registrar's No. 71

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

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Gentry
(c) City or town: Albany (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: Archibald J. Hurst
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: Married
6. (b) Name of husband or wife: Mary A. Lane
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: April (Month) 21 (Day) 1870 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 78 | 2 | 6 | ..... hr. ..... min. |

9. Birthplace: Gentry Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: .....
MOTHER FATHER
12. Name: Jonathan Hurst
13. Birthplace: Jacksonville, Illinois (City, town, or county) (State or foreign country)
14. Maiden name: Eliza Simpson
15. Birthplace: Unk. (City, town, or county) Unk. (State or foreign country)
16. (a) Informant: Mrs. Arch Hurst
(b) Address: Albany, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Grandview
18. (a) Signature of funeral director: Clifford Burts
(b) Address: Albany Mo
19. July 8-48 (Date received local registrar) Homer M. Wheeler (Registrar's signature) 102

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 27 year 1948 hour 1 minute 25 P.M.
21. I hereby certify that I attended the deceased from May 28th, 1948, to June 27th, 1948, that I last saw him alive on June 23rd, 1948, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Acute Dilitation Heart | Short |
| Hypostatic Pneumonia (Pneumonia) | 4 days |
| Due to: Carcinoma (Lymphosarcoma) | don't know |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |

Major findings:
Of operations: 2/14
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: C. L. Campbell (M. D. or other)
Address: Albany Mo Date signed: June 27 1948

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

SEP 23 1949
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 me ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**