

No. 2
5-43
5-17-39
1 X36671

FILED NOV 20 1948

Registration District No. **199**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 hrs. 35 mins.
(Specify whether years, months or days)

In this community 60 yrs

3. (a) PRINT FULL NAME HENRY Charles Hurlbert

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 13 years (Day) (Year)

7. Birth date of deceased FEB 13 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>8</u>	<u>18</u>	hr. min.

9. Birthplace GENECA KANS
(City, town, or county) (State or foreign country)

10. Usual occupation ENGINEER.

11. Industry or business

12. Name F.A. HURLBERT

13. Birthplace ENGLAND
(City, town, or county) (State or foreign country)

14. Maiden name AGNES McCAMMON

15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant MRS INEZ STUCKER

(b) Address 2930 TROOST

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-48
(Month) (Day) (Year)

(c) Place: burial or cremation GREENLAWN CEM

18. (a) Signature of funeral director Bentley Mackay

(b) Address 5811 Troost

19. (a) 11-2-48 (Date received local registrar) (b) Seraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3309 Harrison
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 1
year 1948 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 31, 1948, to Nov. 1, 1948;
that I last saw h. im alive on Nov. 1, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Subacute bacterial endocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 9/2

PHYSICIAN

Major findings: Of operations: _____

Of autopsy: See above

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? _____

While at work? _____ (Specify type of place) Wm. W. Hart
(e) Means of injury _____

23. Signature Wm. W. Hart (M. D. or other) md
Address Med. Dir. Gen'l Hosp. Date signed 11-1-48

Dr. Thomas
Mr. Bulgino

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 E. M. Jomier

Licensed Embalmer No. 3453

P. O. Address 1202 Central
R. E. Kasek

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.