

No. 300
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5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **36625**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4628**

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:
5202 Saida 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 Months** (Specify whether years, months or days)

3: (a) PRINT FULL NAME **Fannie 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 **Wid.**

6: (b) Name of husband or wife if alive **Marston R. Hurt**

6: (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Mar - 9 - 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	8	3	hr. min.

9. Birthplace **MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER

12. Name **Joseph Phillip**

13. Birthplace **no record**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Thompson**

15. Birthplace **no record**
(City, town, or county) (State or foreign country)

16: (a) Informant **Mrs. Guy Wake**

(b) Address **5202 St. John Saida**

17: (a) **Burial** (Burial, cremation, or entombment) (b) Date thereof **Nov. 12 - 1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **Princeton MO**

18: (a) Signature of funeral director **Mrs. C. H. Foster**

(b) Address **918 Broadway**

19: (a) **11-12-48** (Date received local registrar)

(b) **Geraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **##** **65**

(c) City or town **Princeton MO**
(If outside city or town limits, write "RURAL")

(d) Street No. **1**
(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 **12** year **1948** hour **3:30** minute **M.**

21. I hereby certify that I attended the deceased from **11/10**, 19**48**, to **11/12**, 19**48**
that I last saw **her** alive on **11/10**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **3 days**
Due to **Atherosclerosis**

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: **830**

Of operations

Of autopsy

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?
R. A. Williams

While at work? (Specify type of place) (c) Means of injury

23. Signature **R. A. Williams** (M. D. or other)
Address **5400 St. John Ave** Date signed **11/12/48**

11.01 20

AUG 1 6 1949

Dr. Williams

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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address K. C. 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.