No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37425

State File No.

Registration District No. 226 | Primary Registration District No. 5-801 | Registrar's No. 35

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town RURAL, WASHINGTON TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PARIS MO RFD 1
(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 LIFE TIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. PARIS RFD-1-
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD Pius HURLEY
3. (b) If veteran, name war no
3. (c) Social Security No. no.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPTEMBER (Month) 14 (Day) 1867 (Year)
8. AGE: Years 81 | Months | Days | If less than one day hr. min.
9. Birthplace LaGrange (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name James HURLEY
13. Birthplace (City, town, or county) Ireland (State or foreign country)
14. Maiden name Catherine McGraw
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Homer H Power
(b) Address Paris MO RFD 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Andrew, Stowsville Mo.
18. (a) Signature of funeral director Wilson & Son's
(b) Address Monroe City Mo.
19. (a) 11/21/48 (Date received local registrar) (b) Elmer Little (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOVEMBER day 19TH year 1948 hour 4 minute 20 A.M.
21. I hereby certify that I attended the deceased from Nov-10- 1948 to Nov-19 1948 that I last saw him alive on Nov 17 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Arteriosclerosis	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 Elbert Baker (M. D. or other)
Address Paris MO Date signed Nov 21 48

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

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

RECEIVED
District Health Officer No. 19
District File Number 11-48-2029
Date Filed NOV 29 1948

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 Charles V. Greening, Registered Apprentice No. 217, working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.