No. 300
10.48

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41151

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5125

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): unk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3818 Gennessee

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3818 Gennessee

46

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Orville
c. (Last): Hurrle

4. DATE OF DEATH (Month) 12 (Day) 2 (Year) 49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~Never married~~
8. DATE OF BIRTH: 12/22/12
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months ~~11~~ Days ~~10~~ — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unoccupied
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt. Jewet Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: unk
13b. MOTHER'S MAIDEN NAME: unk
14. NAME OF HUSBAND OR WIFE: --
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.: 159-16-7327
17. INFORMANT'S SIGNATURE OR NAME: Jackson Co. Coroner — ADDRESS: Kansas City, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carbon Monoxide Intoxication — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — Acute

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — E9730

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Deputy Coroner
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City Jackson, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-2-49 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Motor Car Carbon monoxide

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: A.E. Upsher — (Degree or title): A. E. Upsher MD
23b. ADDRESS: 2800 Main
23c. DATE SIGNED: 12/3/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 3 1949
24c. NAME OF CEMETERY OR CREMATORY: Bradford Pennsylvania
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 12-3-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: John P. Sheil — ADDRESS: 6606 Indiana

(Licensed Embalmer's Statement on Reverse Side)

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

can [illegible]

JUN 25 1951

JUN 25 1951

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 ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Charles E Mayfield

Licensed Embalmer No. 4638

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.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Penna } ss.
County of Clinton }

State File No. 41151/49

AFFIDAVIT FOR CORRECTION OF A RECORD. Local Registrar's No. 5125

On this 30th day of Sept, 1955, before me appears Anna E. Hurrle, who, upon her oath, states that the original record of ~~birth~~ death for Robert Orville Hurrle, died ~~born~~ 12-2-49, 19..., in the State of Missouri, and which was filed at ~~Jefferson~~ Kansas City, Missouri on 12-3-49, 19..., should be corrected as follows:

Item No. 7 should read Divorced
Instead of never married

Item No. 14 should read Anna
Instead of XXXXXXXXXX

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read Verified by marriage license
Instead of State of Pennsylvania, County of Clinton

Item No. ..... should read Verified by Divorce Decree
Instead of Clinton County, Pa.

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Anna E. Hurrle wife
Relationship.

121 Oak St Jersey Shore Pa
Present Address.

Subscribed and sworn to before me this 30th day of Sept, 1955

My Commission expires Jan 7, 1959 [signature] Notary Public.

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

Form V. S. 460