No. 300
10-48

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15927

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 610

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~: St. Joseph
c. LENGTH OF STAY (in this place): 2 yrs 4 mo. Bldg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No. 2.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~: Kansas City 3168
d. STREET ADDRESS (If rural, give location): 1718 E. 12th. 1

3. NAME OF DECEASED (Type or Print)
a. (First): JOE
b. (Middle): None
c. (Last): HURD.

4. DATE OF DEATH (Month) (Day) (Year): 5-20-1950.

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown 4
8. DATE OF BIRTH: unknown
9. AGE (In years last birthday): 59 3 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Common Labor
11. BIRTHPLACE (State or foreign country): unknown 9
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lydia Turner - 1708 E. 12th St. ADDRESS: K.C. 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

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral hemorrhage	20 hours
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Syphilis	unknown
DUE TO (c)		029X
11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis	3 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-2-, 1948, *to* 5-19-, 1950, *that I last saw the deceased alive on* 5-19-, 1950, *and that death occurred at* 6:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. H. Morroway - M. D.
23b. ADDRESS: State Hospital No. 2
23c. DATE SIGNED: 5-20-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: 5/20/50
24c. NAME OF CEMETERY OR CREMATORY: Kirksville College
24d. LOCATION (City, town, or county) (State): Kirksville Mo

DATE REC'D BY LOCAL REG.: May 22, 1950
REGISTRAR'S SIGNATURE: E. C. Jenkins 38
25. FUNERAL DIRECTOR'S SIGNATURE: Clark Funeral Home
ADDRESS: 120 Illinois

(Licensed Embalmer's Statement on Reverse Side)

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 Emil A Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.