

FILED FEB 14 1941

No. 2  
-10-39  
17-39  
X21492DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2708

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Henry  
 (b) City or town Clinton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community 40 years  
years, months or days3. (a) PRINT FULL NAME BENJAMIN F HURT

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, married6. (b) Name of husband or wife Martha 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Aug 26 1854  
(Month) (Day) (Year)8. AGE: Years 86 Months 5 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Lis Roy Wis  
(City, town, or county) (State or foreign country)10. Usual occupation Retired merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Acree HURT  
 { 13. Birthplace \_\_\_\_\_ Wis  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary RICKERT  
 { 15. Birthplace \_\_\_\_\_ Wis  
 (City, town, or county) (State or foreign country)

16. (a) Informant Emery Hurt(b) Address Clinton Mo17. (a) Burial (b) Date thereof 1-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Englewood18. (a) Signature of funeral director Consalus + Beck(b) Address Clinton Mo19. (a) 1-30-41 (b) Dr. J. P. Assumption  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry(c) City or town Clinton Mo 2  
(If outside city or town limits, write "RURAL")(d) Street No. 306 E Bodine ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28<sup>th</sup>  
year 1941 hour 10:00 minute \_\_\_\_\_ P. M.21. I hereby certify that I attended the deceased from Jan 28<sup>th</sup> 1941 to Jan 28<sup>th</sup> 1941  
that I last saw him alive on Jan 28, 1941,  
and that death occurred on the date and hour stated above.Immediate cause of death Myocarditis  
Hypertensive pulmonary

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Senile dementia  
(include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

Yrs.

PHYSICIAN

Underlines  
the cause to  
which death  
should be  
charged sta-  
tistically.

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?

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While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature Joseph B O'Neill (M. D. or other) MD  
Address Clinton Mo Date signed 1-29-41

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

RECEIVED

District Health Officer No. 7,

District File Number 2-41-285

Date Filed 2-7-41

**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

*J. E. Consalvo*

Licensed Embalmer No. 7891

P. O. Address Clinton, 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, above space should be left blank.**