

FILED MAR 17 1941

Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. **2**

42  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I. 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 year**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry**  
(c) City or town **Clinton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **304 E Bodine ave**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **MARtha WATTEW HURT**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **Ben Franklin** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 31 1860**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **6** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **House work**

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

12. Name **ABSOLEM REAM**

13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Aneta Biggs**

15. Birthplace **Ind**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Emery Hurt**

(b) Address **Clinton mo**

17. (a) **Burial** (b) Date thereof **2-14-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood Cem**

18. (a) Signature of funeral director **Consalus Peck**

(b) Address \_\_\_\_\_

19. (a) **2-20-41** (b) **Ben Franklin**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **12**  
year **1941** hour **3** minute **45 p. M.**

21. I hereby certify that I attended the deceased from **2-1** 19**41** to **2-12** 19**41**  
that I last saw her alive on **2-12** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Hemorrhagic Nephritis**  
Due to **Bilateral Lobar Pneumonia**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **106**

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
While at work? **3/2** (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **Emery Hurt** (M. D. or other) **M.D.**  
Address **Clinton, Mo** Date signed **2-14-41**

RECEIVED

District Health Officer No. 7,

District File Number 3-41-40L

Date Filed 3-4-41

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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. Consolud*

Licensed Embalmer No. 1891

P. O. Address Albiston

**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.**