

DEC 16 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39285  
Do not use this space.

1. PLACE OF DEATH

(a) County Henry 2 Registration District No. 347  
(b) Township 1 Primary Registration District No. 3018  
(c) City Clinton (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles C Hurst  
(a) Residence, No. R. F. D. Calhoun Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
62 0 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo

FATHER 13. NAME Sylvester C Hurst

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Josephine Harvey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

17. INFORMANT (ADDRESS) Mrs John Hurst Calhoun Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem Cem. DATE 11-10-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred C Wilkinson Clinton Mo

20. FILED 11-19 1938 Dr J B Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1938

22. I HEREBY CERTIFY, That I deceased deceased from \_\_\_\_\_

I last saw him dead body on Nov 5 alive on \_\_\_\_\_, 1938 to \_\_\_\_\_, 1938 Death is said to have occurred on the date stated above, at \_\_\_\_\_

The principal cause of death and related causes of importance were as follows:  
Natural Cause -

Other contributory causes of importance: none  
Date of onset Nov 7

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? examined Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) S. B. Hughes M. D.  
Ernest Aug. C., Clinton Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-456

Date Filed 12-5-38

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, me

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address

Clinton N

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.