

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6248

State File No. _____

Registration District No. **FILED MAR 14 1940**

Primary Registration District No. **4091**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Pleasant Hill Mo.**
(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 **12 years**
years, months or days

3. (a) PRINT FULL NAME **JAMES MORRISON SHURT**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **deceased Nancy White Shurt** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug 29 1852**
(Month) (Day) (Year)

8. AGE: Years **87** Months **5** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **New Jersey**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **Thomas Shurt**
13. Birthplace **New Jersey**
(City, town, or county) (State or foreign country)
14. Maiden name **Lexina Morrison**
15. Birthplace **New Jersey**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Shurt**
(b) Address **Pleasant Hill Mo.**
17. (a) **Pleasant Hill** (b) Date thereof **Feb 5 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Pleasant Hill Mo.**

18. (a) Signature of funeral director **Art Brown**
(b) Address **Pleasant Hill Mo.**
19. (a) **2-5-40** (b) **Mrs. Etta M. Aldridge**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **3**
year **1940** hour **10** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Jan 31**, 1940 to **Feb 3**, 1940
that I last saw him alive on **Feb 3**, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis
Dysrhythmia**
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
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? **140**

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **J. Murray McP** (M. D. or other) _____
Address **Pleasant Hill, Mo.** Date signed **2/5/40**

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

19
10
0

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.....

By me on Feb. 3, 1940....., Registered Apprentice No.
working under my personal supervision.

Signed C. W. Brownfield.....

Licensed Embalmer No. 3785.....

P. O. Address Pleasant Hill m.....

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.