

**FILED NOV 28 1945 STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

**38030**

Registration District No. 239

Primary Registration District No. 5825

Registrar's No. 4356

**1. PLACE OF DEATH:**

(a) County New Madrid  
 (b) City or town Catron (rural)  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Corno Twp  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 16 years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County N. M.  
 (c) City or town Rural Catron  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME**

Betty Lee Hurvall

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color of race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 17 1890  
 (Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>65</u>	<u>9</u>	<u>29</u>	hr. _____ min.

9. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

10. Usual occupation House Wash

11. Industry or business None

12. Name Harvey Winters

13. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

14. Maiden name Ann Kavan

15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant Harvey Hurvall

(b) Address Feltonville Mo

17. (a) Buried  
 (Burial, cremation, or removal)

(b) Date thereof 10/31/45  
 (Month) (Day) (Year)

(c) Place: burial or cremation Kewanee Mo

18. (a) Signature of funeral director E. W. Hill

(b) Address Feltonville Mo

19. (a) Oct 30/45  
 (Date received local registrar)

(b) Dr. Geo Winters  
 (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10 day 30  
 year 45 hour 3:30 minute AM

21. I hereby certify that I attended the deceased from Oct 18 1945 to Oct 30 1945  
 that I last saw him alive on Oct 18 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma Rectum

Duration

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.

MOTHER FATHER

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

RECEIVED  
District Health Office

District File Number 1145-327

Date Filed 11-8-48

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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 G. H. Hill.....

Licensed Embalmer No. KL 27.....

P. O. Address Gilbourn 419.....

**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.**